

Case Number:	CM15-0092796		
Date Assigned:	05/19/2015	Date of Injury:	06/15/2011
Decision Date:	06/18/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	05/13/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 58 year old female, who sustained an industrial injury on 6/15/2011. She reported neck and left shoulder pain, secondary to repetitive use from 1/1/2008-6/6/2011. She is being treated for a non-work related knee injury. The injured worker was diagnosed as having a history of hypertension, and hypercholesterolemia; status post carpal tunnel release November 2012, and April 2013, cervical spine degenerative disc disease, left shoulder acromioclavicular joint degenerative joint disease, and left shoulder subacromial impingement syndrome. Treatment to date has included x-rays, modified work, left shoulder surgery on 10/31/2014, right knee surgery on 8/22/2014, laboratory evaluations, and physical therapy. The request is for Flurbiprofen 25%/Lidocaine 5% in Lipoderm base 30mg, 72 hour supply; and Flurbiprofen 25%/Lidocaine 5% in Lipoderm base, 120 grams, 30 day supply. The records indicate she does not have intolerance to oral medications, and that she has positive results from topical creams resulting in improved function. She has been utilizing topical creams with Flurbiprofen and Lidocaine since at least May 2014. On 2/20/2015, she reported continued neck pain rated 3-7/10 and no changes in her left shoulder pain. Her current medications are listed as: Tramadol, Omeprazole, and Diclofenac. On 4/1/2015, she has continued left shoulder pain rated 4/10. She reported her pain to radiate into her neck and down to her left hand. She is noted to not have significant changes with 6 therapy visits, and continues to have weakness of the left upper extremity. On 4/3/2015, she had continued left shoulder pain rated 3-5/10, and continued to take Tramadol and Omeprazole. The treatment plan included: continuing physical therapy, and giving Celestone injection to the left shoulder area.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

30mg Flurbiprofen 25% Lidocaine 5% In Lipoderm Base 72 hours supply: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

Decision rationale: 30mg Flurbiprofen 25% Lidocaine 5% in Lipoderm base 72 hours supply is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that topical NSAIDs are indicated in osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. The guidelines indicate that topical (non patch) formulations of lidocaine (whether creams, lotions or gels) are not indicated for neuropathic pain. The guidelines additionally add that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical Lidocaine is not recommended by the MTUS. The documentation does not reveal extenuating circumstances to go against the MTUS Guidelines. Therefore, the request for 30mg Flurbiprofen 25% Lidocaine 5% In Lipoderm Base 72 hours supply is not medically necessary.

120gm Flurbiprofen 25% Lidocaine 5% In Lipoderm Base 30 day supply: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

Decision rationale: 120gm Flurbiprofen 25% Lidocaine 5% in Lipoderm base 30 day supply is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that topical NSAIDs are indicated in osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. The guidelines indicate that topical (non patch) formulations of lidocaine (whether creams, lotions or gels) are not indicated for neuropathic pain. The guidelines additionally add that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical Lidocaine is not recommended by the MTUS. The documentation does not reveal extenuating circumstances to go against the MTUS Guidelines. Therefore, the request for 120gm Flurbiprofen 25% Lidocaine 5% In Lipoderm Base 30 day supply is not medically necessary.

