

Case Number:	CM15-0099598		
Date Assigned:	06/02/2015	Date of Injury:	01/07/2014
Decision Date:	07/01/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/22/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

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

This is a 51 year old male patient who sustained an injury on January 7, 2014. The diagnoses include shoulder joint pain; strain of the supraspinatus tendon and supraspinatus tendinitis. Per the doctor's note dated 5/6/15, he had complaints of chronic left shoulder pain. Per the progress note dated April 8, 2015 patient had complaints of pain not improved since last visit; pain that has moved down the arm from the left shoulder to the left elbow and into the left hand; pain rated at a level of 3/10. The physical examination revealed decreased range of motion of the left shoulder, limited by pain. The medications list includes percocet, naproxen, pantoprazole and topical analgesic creams. The medical record identifies that medications help control the pain. He has undergone left shoulder arthroscopic surgery on 10/24/2014. He has had physical therapy (helps with the pain) and cortisone injection (complete relief of symptoms for one week) for this injury. The treating physician documented a plan of care that included physical therapy and Flurbiprofen/Lidocaine compound cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20% Lidocaine 5% 2-4gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, pages 111-113 Flurbiprofen is a NSAID.

Decision rationale: Request-Flurbiprofen 20% Lidocaine 5% 2-4gm. The MTUS Chronic Pain Guidelines regarding topical analgesics state, "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants). (Argoff, 2006) There is little to no research to support the use of many of these agents." Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. "Topical NSAIDs: There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuro-pathic pain: Not recommended as there is no evidence to support use." Lidocaine Indication: Neuro-pathic pain Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Non-neuropathic pain: Not recommended." MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Failure of antidepressants and anticonvulsants for this injury is not specified in the records provided. Intolerance to oral medication is not specified in the records provided. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Flurbiprofen is not recommended by MTUS for topical use as cited above because of the absence of high grade scientific evidence to support their effectiveness. The medical necessity of Flurbiprofen 20% Lidocaine 5% 2-4gm is not fully established for this patient.

8 physical therapy for the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Improvement, Physical Medicine Page(s): 9, 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy: page 98.

Decision rationale: Request-8 physical therapy for the left shoulder. The cited guidelines recommend up to 9-10 physical therapy visits for this diagnosis. Per the records provided, patient has had unspecified numbers of physical therapy visits for this injury. There is no evidence of significant progressive functional improvement from the previous physical therapy visits that is documented in the records provided. Per the cited guidelines, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of 8 physical therapy for the left shoulder is not established for this patient at this time.

