

Case Number:	CM14-0173367		
Date Assigned:	10/24/2014	Date of Injury:	11/04/2002
Decision Date:	11/25/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/20/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 74 year-old patient sustained an injury on 11/4/2002 while employed by [REDACTED]. Request(s) under consideration include Norco 5/325mg and Compound topical cream: LF-520 (Lidocaine 5%, Flurbiprofen 20%) #120gm with 2 refills. Diagnoses include rotator cuff rupture. Report of 1/28/14 from the provider noted ongoing chronic bilateral shoulder pain which he takes Tylenol with codeine for pain rated at 8/10 to 3/10 with medication. No objective findings documented. Supplemental report of 8/13/14 from the provider noted the patient with ongoing chronic pain rated at 8/10 reduced to 4/10 with use of Tylenol with codeine #3. No objective findings documented. Report of 8/28/14 from the provider noted the patient with chronic bilateral shoulder pain, stiffness and weakness. Exam of right shoulder showed range with flex/abd/ER of 100/80/80 degrees; diffuse weakness with resistive supraspinatus muscle testing; left shoulder passive flexion of 120 degrees. The patient was instructed to discontinue Voltaren gel due to GI upset. Treatment included medication refills. Medication history included Ultram, Tylenol w/ codeine since at least 2012. The request(s) for Norco 5/325mg and Compound topical cream: LF-520 (Lidocaine 5%, Flurbiprofen 20%) #120gm with 2 refills were non-certified on 9/29/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: This 74 year-old patient sustained an injury on 11/4/2002 while employed by [REDACTED]. Request(s) under consideration include Norco 5/325mg and Compound topical cream: LF-520 (Lidocaine 5%, Flurbiprofen 20%) #120gm with 2 refills. Diagnoses include rotator cuff rupture. Report of 1/28/14 from the provider noted ongoing chronic bilateral shoulder pain which he takes Tylenol with codeine for pain rated at 8/10 to 3/10 with medication. No objective findings documented. Supplemental report of 8/13/14 from the provider noted the patient with ongoing chronic pain rated at 8/10 reduced to 4/10 with use of Tylenol with codeine #3. No objective findings documented. Report of 8/28/14 from the provider noted the patient with chronic bilateral shoulder pain, stiffness and weakness. Exam of right shoulder showed range with flex/abd/ER of 100/80/80 degrees; diffuse weakness with resistive supraspinatus muscle testing; left shoulder passive flexion of 120 degrees. The patient was instructed to discontinue Voltaren gel due to GI upset. Treatment included medication refills. Medication history included Ultram, Tylenol w/ codeine since at least 2012. The request(s) for Norco 5/325mg and Compound topical cream: LF-520 (Lidocaine 5%, Flurbiprofen 20%) #120gm with 2 refills was non-certified on 9/29/14. Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. The Norco 5/325mg is not medically necessary and appropriate.

Compound cream: LF-520 (Lidocaine 5%, Flurbiprofen 20%) #120gm with 2 refills:
Upheld

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

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

Decision rationale: This 74 year-old patient sustained an injury on 11/4/2002 while employed by [REDACTED]. Request(s) under consideration include Norco 5/325mg and Compound topical cream: LF-520 (Lidocaine 5%, Flurbiprofen 20%) #120gm with 2 refills. Diagnoses include rotator cuff rupture. Report of 1/28/14 from the provider noted ongoing chronic bilateral shoulder pain which he takes Tylenol with codeine for pain rated at 8/10 to 3/10 with medication. No objective findings documented. Supplemental report of 8/13/14 from the provider noted the patient with ongoing chronic pain rated at 8/10 reduced to 4/10 with use of Tylenol with codeine #3. No objective findings documented. Report of 8/28/14 from the provider noted the patient with chronic bilateral shoulder pain, stiffness and weakness. Exam of right shoulder showed range with flex/abd/ER of 100/80/80 degrees; diffuse weakness with resistive supraspinatus muscle testing; left shoulder passive flexion of 120 degrees. The patient was instructed to discontinue Voltaren gel due to GI upset. Treatment included medication refills. Medication history included Ultram, Tylenol w/ codeine since at least 2012. The request(s) for Norco 5/325mg and Compound topical cream: LF-520 (Lidocaine 5%, Flurbiprofen 20%) #120gm with 2 refills was non-certified on 9/29/14. It was noted the patient stopped Voltaren gel due to GI effects. Current request of compounded topical includes another NSAID, Flurbiprofen. Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with spinal and multiple joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic for this chronic injury of 2002 without documented functional improvement from treatment already rendered. The Compound topical cream: LF-520 (Lidocaine 5%, Flurbiprofen 20%) #120gm with 2 refills is not medically necessary and appropriate.