

<b>Case Number:</b>	CM13-0014559		
<b>Date Assigned:</b>	03/10/2014	<b>Date of Injury:</b>	02/02/2012
<b>Decision Date:</b>	03/31/2014	<b>UR Denial Date:</b>	08/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/22/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Geriatrics and is licensed to practice in New York. 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 physician 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:

The injured worker is a 49 year old injured worker with a date of injury of 2/2/12. The patient was seen by their primary treating physician on 7/1/13 with complaints of intermittent severe left shoulder and knee pain, headaches and left eye pain. Patient was using oral and topical medications and the H-wave. Physical exam showed decreased range of motion of the left shoulder with anterior tenderness and decreased range of motion of the left knee with medial joint line tenderness. Diagnosis included stiff shoulder syndrome bilaterally, inflammatory process left shoulder, left wrist, left knee and left ankle. The patient was to continue their current medications including topical flurbiprofen, lidocaine and menthol/camphor which are at issue in this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FLURBIPROFEN 25%/ LIDOCAINE 5%/ MENTHOL/CAMPBOR CREAM:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112, 56-57.

**Decision rationale:** According to the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental with few randomized trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder and there is no evidence to support its use in neuropathic pain. Topical lidocaine may be 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). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Regarding topical flurbiprofen, lidocaine and menthol/camphor cream in this injured worker, the records do not document length of therapy, functional improvement or side effects or provide clinical evidence to support medical necessity for continued, long-term use. The request for Flurbiprofen 25%/ Lidocaine 5%/ Menthol/Camphor is not medically necessary and appropriate.