

<b>Case Number:</b>	CM13-0044075		
<b>Date Assigned:</b>	01/15/2014	<b>Date of Injury:</b>	02/14/2011
<b>Decision Date:</b>	06/09/2014	<b>UR Denial Date:</b>	10/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/25/2013

### 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 General Surgery and is licensed to practice in Texas. 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 claimant who tripped and fell and sustained an alleged industrial injury to her lower back, left ankle and left knee on 2/14/2011. The biomechanics of the injury are that she twisted her ankle when she fell into a pothole. There is an Agreed Medical Examination (AME) by [REDACTED] on 11/8/2012 which mentions a previous industrial injury of 12/17/2008 of the right ankle. The claimant was managed conservatively with physical therapy and chiropractic care. There has been a MRI of the lumbar spine which revealed degenerative changes and no acute fractures. There are prescription from 10/2012 and 11/2012 for two topical compounded medications. One was cyclobenzaprine and tramadol and second of ketoprofen and lidocaine. There was Urine drug screen to which [REDACTED] alludes to in stating the cyclobenzaprine was not seen in the Urine drug screen, but he fails to mention that tramadol was also absent in the test results of 11/1/12. This questions whether the claimant was compliant with the topical therapy at all. There was a subsequent surgery on the left ankle for ligamentous instability on 2/20/13 by [REDACTED]. Office note from [REDACTED] of 9/26/13 reveals the claimant to have chronic low back pain of 4/10 on VAS (visual analog scale). There were no neurologic deficits noted. Sensory, motor and reflexes were intact. The request was made for compounded topical medication of flurbiprofen and lidocaine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FLURBIPROFEN 20%, LIDOCAINE 2% CREAM, 30GRAMS APPLIED TWICE DAILY:** 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, Page(s): 111-113.

**Decision rationale:** The request is for a compounded medication of a NonSteroidal Antiinflammatory Drug (NSAID) Flurbiprofen and topical anesthetic, lidocaine. MTUS holds that compounded medications that include one medication that is not recommended makes the compounded medication not recommended. Flurbiprofen is not approved by FDA for topical use. Therefore the request is not certified. Lidocaine is intended to be used for neuropathic pain. The claimant is noted to have degenerative changes and facet arthropathy but no neurocompressive lesions on lumbar MRI. Furthermore there are no objective neurologic findings on physical exam. Therefore, the request for Flurbiprofen 20%, Lidocaine 2% Cream, 30grams Applied Twice Daily is not medically necessary and appropriate.