

<b>Case Number:</b>	CM13-0067699		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	10/02/2011
<b>Decision Date:</b>	05/21/2014	<b>UR Denial Date:</b>	12/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2013

### 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 Physical Medicine & Rehabilitation, and is licensed to practice in Texas and Oklahoma. 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 39-year-old female who reported an injury on 10/02/2011 due to a fall that reportedly caused injury to her neck, mid back and low back. The injured worker's treatment history included multiple medications, a lumbar support, acupuncture, physical therapy and cognitive behavioral therapy. The injured worker was monitored for aberrant behavior with urine drug screens. The injured worker was evaluated on 09/10/2013. It was documented that the injured worker had 10/10 pain that was reduced by medications. Physical findings of the cervical spine documented pain radiating into the bilateral upper extremities with limited range of motion secondary to pain. Evaluation of the lumbar spine revealed tenderness to palpation in the paravertebral musculature bilaterally with limited range of motion secondary to pain and a positive right-sided straight leg raise test. Evaluation of the bilateral knees documented restricted range of motion in the right and left knees. The injured worker's diagnoses included cervical sprain/strain, lumbar disc protrusion, lumbar radiculopathy, idiopathic peripheral autonomic neuropathy and unspecified disorder of the autonomic nervous system. The injured worker's treatment plan included acupuncture, chiropractic care, physical therapy, an MRI of the lumbar spine and medications, to include a Terocin cream, flurbi cream, gabacyclotram, Genicin and Somnicin. The injured worker was also provided with a prescription of Nucynta.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FLURBI CREAM 180-GRAMS (LIDOCAINE 5%, AMITRIPTYLINE 4%), TWO (2) TO THREE (3) TIMES PER DAY: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SECTION TOPICAL ANALGESICS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SECTION TOPICAL ANALGESICS Page(s): 111.

**Decision rationale:** The requested flurbi cream 180 gm (lidocaine 5% and amitriptyline 4%) 2 to 3 times per day is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does not recommend the use of lidocaine as a topical analgesic as it is not FDA-approved to treat neuropathic pain in a topical formulation of cream or gel. Additionally, peer-reviewed literature does not support the use of amitriptyline in a topical formulation as there is little scientific evidence to support the efficacy and safety of this type of medication. There is no documentation that the injured worker has failed to respond to oral antidepressants or that oral antidepressants are contraindicated for the injured worker. Therefore, the need for a topical antidepressant is not clearly established. As such, the requested flurbi cream 180 gm (lidocaine 5% and amitriptyline 4%) 2 to 3 times per day is not medically necessary or appropriate.