

<b>Case Number:</b>	CM14-0010140		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	08/01/2007
<b>Decision Date:</b>	06/25/2014	<b>UR Denial Date:</b>	01/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2014

### 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 59 year-old patient sustained a low back injury on 8/1/07 from a slip and fall while employed by [REDACTED]. Request(s) under consideration include Compound:Flurbi Cream La 180gm (Flurbiprofen 20% - Lidocaine 5% - Amitriptyline 4%). The patient received conservative care included medications, therapy, and rest with subsequent L4-5 laminectomy, facetectomy, foraminotomy and posterior fusion on 9/20/10. The patient continues to treat for radicular low back and lower extremity pain. EMG/NCV on 4/30/12 showed chronic bilateral L5-S1 radiculopathy. The patient eventually had lumbar spine hardware removal on 9/17/13 with post-op PT Report of 12/1/8/13 from the provider noted slight low back and lower extremity radicular pain. Medications list Glucosamine, Prilosec, Anaprox, and Ultracet. The patient clinical findings and condition have remained unchanged. Treatment plan included continuing PT, medications (Ultracet, Flexeril, Prilosec, Neurontin, Terocin, Genicin, and Flurbi cream. Request(s) for Compound:Flurbi Cream La 180gm (Flurbiprofen 20% - Lidocaine 5% - Amitriptyline 4%) was non-certified on 1/6/14 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:

**COMPOUND:FLURBI CREAM LA 180GM (FLURBIPROFEN 20% - LIDOCAINE 5% - AMITRIPTYLINE 4%): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESIC.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS, 111-113 Page(s): 111-113.

**Decision rationale:** This 59 year-old patient sustained a low back injury on 8/1/07 from a slip and fall while employed by [REDACTED]. Request(s) under consideration include Compound:Flurbi Cream La 180gm (Flurbiprofen 20% - Lidocaine 5% - Amitriptyline 4%). The patient received conservative care included medications, therapy, and rest with subsequent L4-5 laminectomy, facetectomy, foraminotomy and posterior fusion on 9/20/10. The patient continues to treat for radicular low back and lower extremity pain. EMG/NCV on 4/30/12 showed chronic bilateral L5-S1 radiculopathy. The patient eventually had lumbar spine hardware removal on 9/17/13 with post-op PT Report of 12/1/8/13 from the provider noted slight low back and lower extremity radicular pain. Medications list Glucosamine, Prilosec, Anaprox, and Ultracet. The patient clinical findings and condition have remained unchanged. Treatment plan included continuing PT, medications (Ultracet, Flexeril, Prilosec, Neurontin, Terocin, Genicin, and Flurbi cream. 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 analgesic compound over oral NSAIDs or other pain relievers for a patient with spinal and multiple joint pain without contraindication in taking oral medications. Additionally, the patient is also prescribed Anaprox, another NSAID like Fluriprofen concurrently without any documented indication. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic for this chronic injury of 2007 without documented functional improvement from treatment already rendered. The Compound:Flurbi Cream La 180gm (Flurbiprofen 20% - Lidocaine 5% - Amitriptyline 4%) is not medically necessary and appropriate.