

<b>Case Number:</b>	CM14-0133242		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	09/15/1998
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	07/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California and Nevada. 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:

The injured worker is a 56 year old female who sustained injury on 09/15/98 when she slipped and fell injuring her right knee and low back. The injured worker was previously treated with physical therapy and underwent right knee surgery in 2002. The injured worker was also referred for postoperative physical therapy. The injured worker then underwent right total knee replacement in 08/01 followed by additional postoperative physical therapy. As of 01/14 the injured worker had not received treatment for the low back. The injured worker was seen on 06/12/14 for continuing complaints of low back pain which had been improved with recent physical therapy. The injured worker was utilizing Motrin and Prilosec due to stomach upset with anti-inflammatories. Physical examination noted tenderness to palpation in the lumbar spine with limited lumbar range of motion. The injured worker had some limitations in right knee range of motion without evidence of effusion. The injured worker was recommended to continue with physical therapy. As the injured worker was unable to tolerate oral anti-inflammatories without gastric upset the injured worker was recommended for topical anti-inflammatory including Lidocaine and Flurbiprofen. The requested compounded Lidocaine and Flurbiprofen 120 gram with two refills was denied by utilization review on 07/20/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidocaine 5%/Flurbiprofen 20% topical cream, dispense 120gm, with 2 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

**Decision rationale:** In regards to the use of topical compounded Lidocaine and Flurbiprofen 120 gram with two refills, this reviewer would not have recommended this medication as medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Treatment Guidelines and United States Food and Drug Administration (FDA) note that the efficacy of compounded medications has not been established through rigorous clinical trials. The FDA requires that all components of compounded topical medication be approved for transdermal use. This compound contains flurbiprofen which is not approved for transdermal use. The clinical documentation provided did not discuss efficacy of the compounded medication to support multiple refills. Therefore, this compound cannot be supported as medically necessary.