

<b>Case Number:</b>	CM14-0133509		
<b>Date Assigned:</b>	08/27/2014	<b>Date of Injury:</b>	02/08/2001
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	07/28/2014
<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 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:

The injured worker is a 61-year-old male with a reported date of injury on 02/08/2001. The mechanism of injury was not submitted within the medical records. His diagnoses were noted to include cervical spondylosis with a history of cervical radiculopathy, bilateral shoulder impingement syndrome, right carpal tunnel syndrome, and tenosynovitis to the right hand. His previous treatments were noted to include surgery, physical therapy, and medications. The progress note dated 04/01/2014 revealed complaints of pain to the left shoulder that was manageable with medication. The physical examination revealed a well-healed incision. The distal range of motion and strength were intact. The Request for Authorization Form was not submitted within the medical records. The request was for lidocaine 5%/flurbiprofen 20% apply twice daily 120 grams with 2 refills; however, the provider's rationale was not submitted within the medical records.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidocaine 5%, Flurbiprofen 20% AP BID 120 grams with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112. Decision based on Non-MTUS Citation ODG Pain (updated 07/10/14)  
Compound Drugs

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Flurbiprofen, Lidocaine, Topical Analgesics Page(s): 72,112,111.

**Decision rationale:** The request for Lidocaine 5%, Flurbiprofen 20% AP BID 120 grams with 2 refills is not medically necessary. The injured worker had shoulder surgery in 03/2014. The California Chronic Pain Medical Treatment Guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward or with a diminishing effect over another 2 week period. This agent is not currently FDA approved for topical application. FDA approved routes of administration for flurbiprofen include oral tablets and ophthalmic solution. The guidelines indicate that topical lidocaine (Lidoderm) may be recommended for localized peripheral pain after there has been evidence of a trial of first line therapy (tricyclic or SNRI antidepressants or an AED such as Gabapentin or Lyrica). No other commercially approved topical formulations of lidocaine (whether creams, lotions, or gels) are indicated for neuropathic pain. The guidelines do not recommend flurbiprofen for topical application or lidocaine in any formulation other than the Lidoderm patch and, therefore, the lidocaine/flurbiprofen is not medically necessary. Therefore, the request is not medically necessary.