

<b>Case Number:</b>	CM14-0137758		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	10/17/1998
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	08/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2014

### 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 Family Medicine and is licensed to practice in North Carolina. 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 claimant had an original date of injury of 10/17/1998. She is treated for left knee arthrosis and low back pain. Prior treatments have included Lumbar surgery, physical therapy, TENS unit and oral NSAID treatment which was discontinued because of gastrointestinal irritation. The request is for topical Lidocaine/flurbiprofen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LF520 Lidocaine 5%, Flurbiprofen 20% 120 grams with 2 refills: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section 2, pp 111-112 Page(s): pp 111-112.

**Decision rationale:** CA MTUS recommends limited use of topical analgesics. There is limited evidence for short-term use of topical NSAID analgesics for osteoarthritis with most benefit seen in use up to 12 weeks but no demonstrated benefit beyond this time period. CA MTUS specifically prohibits the use of combination topical analgesics in which any component of the topical preparation is not recommended. Lidocaine, except in a dermal patch form, is not

indicated for use for osteoarthritis pain. Therefore, the combination of lidocaine and flurbiprofen is not medically indicated.