

<b>Case Number:</b>	CM14-0139396		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	06/02/1997
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	08/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2014

### 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 & Rehabilitation, and is licensed to practice in Illinois. 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 requested LF520 (Lidocaine 5%, Flurbiprofen 20%) with 2 refills is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does not recommend the use of Flurbiprofen as a topical analgesic unless the patient is intolerant of oral formulations of nonsteroidal anti-inflammatory drugs or oral formulations of this medication are contraindicated to the patient. The clinical documentation submitted for review does not provide any evidence that the patient is unable to take oral medications. Additionally, the California Medical Treatment Utilization Schedule does not recommend Lidocaine in a gel or cream formulation, as it is not FDA-approved to treat neuropathic pain. The California Medical Treatment Utilization Schedule states that any medication that contains at least 1 drug or drug class that is not recommended is not recommended. As such, the requested LF520 (Lidocaine 5%, Flurbiprofen 20%) with 2 refills is not medically necessary or appropriate.

### 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%) with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Non-steroidal antiinflammatory agents (NSAIDs).

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

**Decision rationale:** The requested LF520 (Lidocaine 5%, Flurbiprofen 20%) with 2 refills is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does not recommend the use of Flurbiprofen as a topical analgesic unless the patient is intolerant of oral formulations of non-steroidal anti-inflammatory drugs or oral formulations of this medication are contraindicated to the patient. The clinical documentation submitted for review does not provide any evidence that the patient is unable to take oral medications. Additionally, the California Medical Treatment Utilization Schedule does not recommend Lidocaine in a gel or cream formulation, as it is not FDA-approved to treat neuropathic pain. The California Medical Treatment Utilization Schedule states that any medication that contains at least 1 drug or drug class that is not recommended is not recommended. As such, the requested LF520 (Lidocaine 5%, Flurbiprofen 20%) with 2 refills is not medically necessary or appropriate.