

<b>Case Number:</b>	CM14-0144013		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	03/19/2004
<b>Decision Date:</b>	12/24/2014	<b>UR Denial Date:</b>	08/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/05/2014

### 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 60 year-old patient sustained an injury on 3/19/2004 while employed by [REDACTED]. Request(s) under consideration include Topical Compound Lidocaine/ Flurbipro/ Versatile, QTY: 120, with 2 refills. Diagnoses include Lumbar radiculopathy/ L4-5 spondylolisthesis; right knee compartmental arthritis; left knee patellofemoral arthritis; s/p left shoulder arthroscopy; and internal medicine diagnoses. Report of 7/10/14 from the provider noted the patient has reached MMI with possible further medical care for the left shoulder. Current symptoms included left shoulder pain radiating to the left trapezius; bilateral knee pain and low back pain radiating to the lower extremities. Previous exam showed bilateral knee tenderness along medial and lateral joint lines; subpatellar crepitation with range of motion; lumbar spine with tenderness about lower lumbar paravertebral musculature with decreased range of flex/ext of 60/10 degrees. Current treatment included topical compound medication. The request(s) for Topical Compound Lidocaine/ Flurbipro/ Versatile, QTY: 120, with 2 refills were non-certified on 8/15/14 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:

**Lidocaine/Flurbipro/Versatile, QTY: 120, 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:** 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 compound analgesic over oral NSAIDs or other pain relievers for a patient with spinal and multiple joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic for this chronic injury of 2004 without documented functional improvement from treatment already rendered. It is also unclear why the patient is being prescribed 2 concurrent anti-inflammatories, oral Voltaren and topical compounded Flurbipro posing an increase risk profile without demonstrated extenuating circumstances and indication. The Topical Compound Lidocaine/ Flurbipro/ Versatile, QTY: 120, with 2 refills is not medically necessary and appropriate.