

<b>Case Number:</b>	CM14-0158471		
<b>Date Assigned:</b>	10/02/2014	<b>Date of Injury:</b>	02/01/2012
<b>Decision Date:</b>	10/28/2014	<b>UR Denial Date:</b>	08/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2014

### 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 Physical Medicine & 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 56 year-old patient sustained an injury on 2/1/12 from getting into a police unit in full gear causing sharp pain from left hip to left shoulder while employed by [REDACTED]. Request(s) under consideration include Topical Compound LF520 (Lidocaine 5%, Flurbiprofen 20%) 120 grams with 2 refills. Diagnoses include Left rotator cuff tendinitis; left hip internal derangement; probable discogenic low back pain; s/p right knee arthroscopy; s/p left medial meniscus recurrent tear s/p left knee arthroscopy. Conservative care has included medications, therapy, and modified activities/rest. Report of 7/31/14 from the provider noted the patient with ongoing chronic left knee and low back pain. An exam showed lumbar muscle tenderness; mildly reduced lumbar range; left shoulder tenderness with mildly positive impingement sign; left knee with tenderness of lateral joint line. Treatment included medications of Naprosyn 500mg and topical compound along with follow-up. The request(s) for Topical Compound LF520 (Lidocaine 5%, Flurbiprofen 20%) 120 grams with 2 refills was denied on 8/26/14 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:

**Topical Compound LF520 (Lidocaine 5%, Flubiprofen 20%) 120 grams:** 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. It is also unclear why the patient is being prescribed 2 concurrent anti-inflammatories, oral Naprosyn and topical compounded Flurbiprofen posing an increase risk profile without demonstrated extenuating circumstances and indication. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic for this chronic injury of February 2012 without documented functional improvement from treatment already rendered. The Topical Compound LF520 (Lidocaine 5%, Flurbiprofen 20%) 120 grams with 2 refills is not medically necessary.