

<b>Case Number:</b>	CM14-0176470		
<b>Date Assigned:</b>	10/29/2014	<b>Date of Injury:</b>	07/29/2000
<b>Decision Date:</b>	12/05/2014	<b>UR Denial Date:</b>	10/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2014

### 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 Occupational Medicine and is licensed to practice in Iowa. 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 patient is a 61 year-old male with a date of injury of 06/29/2000. A review of the medical documentation indicates that the patient is undergoing treatment for low back pain. Subjective complaints (9/20/2014) include chronic low back of 7/10 intensity, radiating into the right hip and lower extremity, with some burning and numbness. Objective findings (9/20/2014) include tenderness in the lumbar spine along the facet joints and decreased range of motion (flexion, extension, and lateral bending). Diagnoses include lumbago, sciatica, disc degeneration, and spinal stenosis. The patient has undergone studies to include X-ray which showed retrolisthesis at L3-4 and anterolateral liping at L2-4, and MRI on 7/2014 which showed L1-2 disc herniation, spinal stenosis, flattening of the L2 nerve root, and foraminal stenosis L2-S1. The patient has previously undergone multiple medication therapy and is currently on a regimen of multiple medications. A utilization review dated 10/16/2014 did not certify the request for Flurbiprofen 25% (Licodaine 5% cream).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen 25% (Lidocaine 5% Cream): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams

**Decision rationale:** The medication listed is a topical analgesic. For these types of medications, MTUS and ODG recommend use of as an option primarily for neuropathic pain, when trials of antidepressants and anticonvulsants have failed. MTUS states there is little to no research to support the use of most topical agents, and that the only FDA-approved non-steroidal anti-inflammatory drug (NSAID) medicine for topical use is diclofenac, which is only indicated for joint osteoarthritis. The medical documentation shows that the patient is primarily suffering from low back pain, and one specialist note shows some evidence of radiculopathy, but there is no evidence to support a primarily neuropathic or osteoarthritic origin. The primary treating physician states that the current regimen is helping the patient both from a pain and functional perspective, but does not provide details on the specific improvement or clarify what each medication is indicated for. The patient is on multiple other pain medications including opioids, Lyrica, antidepressants, and other pain medications, and there is some uncertainty as to what the patient is actually taking, given that urine drug screens have provided conflicting evidence. Therefore, the request for Flurbiprofen 25% (Lidocaine 5% cream) is not medically necessary at this time.