

<b>Case Number:</b>	CM14-0183211		
<b>Date Assigned:</b>	11/10/2014	<b>Date of Injury:</b>	12/05/2003
<b>Decision Date:</b>	12/12/2014	<b>UR Denial Date:</b>	10/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2014

### 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 Practice and is licensed to practice in Alabama, Mississippi, and Tennessee. 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 injured worker is a 42-year-old female who reported an injury on 12/05/2003. The mechanism of injury was not specified. Her diagnoses included right knee arthritis, left knee patellofemoral chondromalacia, and medial meniscal tear. Her past treatments included psychological therapy, narcotic medication and topical agents. Her diagnostic studies were not provided. Her past surgical history includes a right knee arthroscopy. A 03/21/2014 clinical note indicated that on a previous follow-up visit, on an unspecified date, the injured worker reported body pain, problems sleeping, and no new joint swelling. She also reported pain in her shoulders and knees, worsening of her psoriasis, and pancreatitis. The objective findings revealed psoriasis lesions, no visible arthropathy, a normal neurological examination, no deformities, and no new joint swelling. Her current medications were not provided. The treatment plan included a prescription for a topical analgesic for her knee pain. A request was received for a topical compounded analgesic cream of lidocaine 5% and flurbiprofen 20% 120 grams to be applied 4 times a day to the bilateral knees for her knee arthritis. A Request for Authorization form was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Prescription of lidocaine 5%/Flurbiprofen 20% compounded cream 120grams with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**Decision rationale:** The request for 1 prescription of Lidocaine 5%/Flurbiprofen 20% compounded cream 120 grams with 2 refills is not medically necessary. According to the California MTUS Guidelines, topical analgesics are largely experimental with limited research studies to determine efficacy or safety, and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Additionally, if the compounded product contains at least 1 drug (or drug class) that is not recommended it is not recommended. The guidelines also state there is no other commercially approved topical formulations of lidocaine (whether creams, lotions, or gels) indicated for neuropathic pain and also recommend Flurbiprofen as an option for the treatment of mild to moderate osteoarthritis. However, evidence of osteoarthritis should be corroborated with imaging studies. There was insufficient documentation to show a failure of antidepressants and anticonvulsants. The request included a topical formulation of lidocaine that is not a commercially approved, which is not supported by the evidence based guidelines. There was insufficient documentation of a diagnosis of osteoarthritis and imaging studies to corroborate the presence of osteoarthritis. Although the injured worker reported ongoing knee pain, there was insufficient documentation of a recent objective Visual Analog Scale (VAS) pain level with and without medications. Furthermore, the request for refills would not be indicated as it would not allow for periodic reassessment of efficacy of the medication prior to providing additional medication. Lastly, the request, as submitted, failed to indicate a frequency of use. Therefore, in the absence of this documentation, the request is not supported by the evidence based guidelines. As such, this request is not medically necessary.