

<b>Case Number:</b>	CM14-0186830		
<b>Date Assigned:</b>	11/14/2014	<b>Date of Injury:</b>	04/01/2010
<b>Decision Date:</b>	01/05/2015	<b>UR Denial Date:</b>	11/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2014

### 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 injured worker sustained an injury on 4/1/10 while employed by [REDACTED]. Request(s) under consideration include LF520 (Lidocaine 5%, Flurbiprofen 20%) ap b.i.d. to t.i.d. 120gm with 2 refills. Diagnoses include bilateral knee lateral compartmental arthropathy, moderately severe. Conservative care has included medications, therapy, and modified activities/rest. Report of 9/15/14 from the provider noted the injured worker with chronic ongoing low back, left foot, and bilateral knee pain. The injured worker was taking Naprosyn 500 mg 2 tablets a day. Exam showed bilateral knees with tenderness along the lateral joint lines and subpatellar crepitation with range of motion; no instability, no effusion, warmth or erythema evident; with pain on full flexion. X-rays showed arthropathy. Treatment plan included topical medication. The request(s) for LF520 (Lidocaine 5%, Flurbiprofen 20%) ap b.i.d. to t.i.d. 120gm with 2 refills was non-certified on 11/5/14 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:

**LF520 (Lidocaine 5%, Flurbiprofen 20%) ap b.i.d. to t.i.d. 120gm 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 pains 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 2010 without documented functional improvement from treatment already rendered. It is also unclear why the injured worker is being prescribed 2 concurrent anti-inflammatories, oral Naproxen and topical compounded Flurbiprofen posing an increase risk profile without demonstrated extenuating circumstances and indication. The LF520 (Lidocaine 5%, Flurbiprofen 20%) ap b.i.d. to t.i.d. 120gm with 2 refills is not medically necessary and appropriate.