

<b>Case Number:</b>	CM14-0190678		
<b>Date Assigned:</b>	11/24/2014	<b>Date of Injury:</b>	08/19/2011
<b>Decision Date:</b>	01/09/2015	<b>UR Denial Date:</b>	10/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2014

### 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 Medicine and is licensed to practice in Florida. 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 34-year-old male sustained a work related injury on 8/19/2011. The mechanism of injury was not described. The current diagnoses are lumbosacral neuritis/legs and lumbar region sprain. According to the progress report dated 9/17/2014, the injured workers chief complaints were pain, 6-7/10 on a subjective pain scale. He reported improvement with physical therapy. He had an increase in bending, sitting, and standing. The physical examination revealed decreased sensation L5-S1 with tenderness to palpation over the lumbar spine from L3-L5. Straight leg raise is positive. On this date, the treating physician prescribed Flurbiprofen 25%/Lidocaine 5%, which is now under review. The treating physician did not describe any specific reasons for prescribing the topical analgesics. The injured worker was previously treated with medications and physical therapy. His current medications are Tramadol, Omeprazole, and Naproxen. No diagnostic imaging reports were specified in the records provided. When the topical analgesics were first prescribed the injured worker was to return to modified work. On 10/15/2014, Utilization Review had non-certified a prescription for Flurbiprofen 25%/Lidocaine 5%. The topical analgesic was non-certified based on no evidence of failure of previous first-line medications. The California MTUS Chronic Pain Medical Treatment Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Flurbiprofen 25%/Lidocaine 5%, 1 month supply: 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:** In accordance with California MTUS guidelines, topical analgesics are considered "Largely experimental in use with few randomized controlled trials to determine efficacy or safety." Guidelines go on to state that, "There is little to no research to support the use of many of these agents." The guideline specifically says, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The requested topical analgesic contains Flurbiprofen, which is an NSAID. MTUS guidelines specifically state regarding "Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period." The requested topical analgesic also contains topical Lidocaine. California Chronic Pain MTUS guidelines state that Lidoderm (topical Lidocaine) may be recommended for localized peripheral pain after there has been a trial of a first-line treatment. The MTUS guideline specifies "tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica" as first line treatments. The provided documentation does not show that this patient was tried on any of these recommended first line treatments. Topical Lidoderm is not considered a first line treatment and is currently only FDA approved for the treatment of post-herpetic neuralgia. Likewise, the requested medication Flurbiprofen 25%/Lidocaine 5% is not medically necessary.