

<b>Case Number:</b>	CM14-0204360		
<b>Date Assigned:</b>	12/16/2014	<b>Date of Injury:</b>	12/03/2012
<b>Decision Date:</b>	02/09/2015	<b>UR Denial Date:</b>	12/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/08/2014

### 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 Rehab, has a subspecialty in Interventional spine 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:

The patient is a 59 year old male with an injury date of 12/03/12. The 08/28/14 report states that the patient is post left total hip arthroplasty on 01/31/14 and is now post right total hip arthroplasty on 07/21/14. He complains of right hip pain that he rates a 4/10 and says it is worsened with increased activity. Based on the 09/25/14 progress report, the patient is doing right and left hip exercises daily. He presents with an antalgic gait on the right. The 10/27/14 report shows the patient continues to suffer from bilateral hip pain. He notes sensitivity over his scars making it difficult to wear pants or underwear that rub on his incisions. He is ambulating without assistive device and feels he is progressing but needs to work on his stamina and strength. The physical examination states his strength is decreased in his right hip but normal in his left hip. The patient's diagnoses includes the following:1. Aftercare following joint replacement2. Bursitis hip3. Osteoarthritis pelvic region and thigh area4. Pain in joint involving pelvic region and thigh5. Keloid scar6. Chronic lumbosacral strainThe utilization review determination being challenged is dated 12/04/14. Treatment reports were provided from 02/14/14 - 10/27/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen 25% cream with Lidocaine Qty. 4:** 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 creams (chronic pain section) Page(s): 111.

**Decision rationale:** The patient presents with bilateral hip pain and an antalgic gait on the right. The request is for Flurbiprofen 25% cream with Lidocaine Qty. 4. MTUS guidelines has the following regarding topical creams (page 111, chronic pain section): "Topical analgesics: Nonsteroidal anti-inflammatory agents (NSAIDs): Efficacy in clinical trials for this treatment modality has been inconsistent and most of these 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. Topical lidocaine, in the formulation of a dermal patch (Lidoderm), has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions, or gels) are indicated for neuropathic pain." In this case, the patient had a left total hip arthroplasty on 01/31/2014 and currently complains of right hip pain which he rates as a 4/10. He reports sensitivity over his scars and has decreased strength in his right hip. MTUS Guidelines do not recommend a compounded product if one of the compounds are not indicated for use. In this case, lidocaine (in a non-patch form) is not indicated as a topical formulation. Therefore, the requested Flurbiprofen 25% cream with Lidocaine Qty. 4 is not medically necessary.