

<b>Case Number:</b>	CM14-0208183		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	03/27/2014
<b>Decision Date:</b>	02/11/2015	<b>UR Denial Date:</b>	11/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2014

### 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 Internal Medicine 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:

According to the records made available for review, this is a 58-year-old female with a date of injury on 03/27/2014. Documentation from doctor's first report of occupational injury on 09/15/2014 indicated that the injured worker sustained no specific injury, but developed pain to the right elbow, right forearm, and right wrist. The pain occurred while grasping objects with an increase in writing and typing that was noted to be more than her normal work routine. Documentation from physician's progress note on 06/04/2014 indicated the diagnoses of right elbow lateral epicondylitis, right forearm extensor tendon tenosynovitis, and right wrist De-Quervains. Subjective findings from 10/30/2014 were remarkable for moderate pain in the right upper extremity that is rated a three to four out of ten with a noted improvement in pain secondary to completion of four Acupuncture sessions. The injured worker noted that she continued to experience pain when performing certain movements. Physical examination performed on this date was remarkable for 60 degrees flexion, 60 degrees extension, 20 degrees of radial deviation, and 30 degrees of deviation to the right wrist. The right elbow was remarkable for pronation of 80 degrees and supination 75 degrees with the lateral epicondyle to be tender upon palpation. Magnetic resonance imaging results of the right elbow from 07/18/2014 noted intermediate to high-grade intrasubstance tear of the common extensor tendon at its attachment, lateral epicondyle with moderate tendinitis, lateral epicondyle marrow edema, and subarticular bone cysts. Medical records provided refer to prior treatments and therapies that included the use of course of physical therapy with a home exercise program, braces to the affected body part, ice and heat applications, orthopedic consultation, acupuncture treatments, implementation of ergonomic changes, and a medication history Naprosyn, Prilosec, Enova, Ibuprofen topical. While documentation form 09/15/2014 indicated that eight sessions of acupuncture treatments were provided along with physical therapy sessions with a prescription of

two times three, however there was no documentation of treatment plans or results of prior acupuncture and physical therapy visits, along with no documentation of how many physical therapy sessions were completed. The medical records provided did not indicate specific documentation with regards to functional improvement, improvement in work function, or in activities of daily living. Medical records from 10/30/2014 noted a modified work status with limited forceful power gripping or grasping activities and a weight restriction of no more than 20 inches per pounds of torque force. On 11/13/2014, Utilization Review non-certified the prescription for Topical Cream FLA (Flurbiprofen 20%, Lidocaine 5%, Amitriptyline 5%) (Flurlido A Cream). Utilization Review based their determination on CA MTUS noting that there have been few studies to determine the efficacy or safety of topical analgesics and that use of them are experimental due to these findings. The Utilization Review noted that the documentation provided did not indicate the effectiveness of this medication with regards to a decrease in the injured workers overall discomfort along with no documentation of how this medication improved the overall functional ability to the affected extremity.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Topical cream FLA (Flurbiprofen 20%. Lidocaine 5%, Amitriptyline 5%): 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 Section, Topical Analgesics

**Decision rationale:** Pursuant to the MTUS Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, topical cream FLA is not medically necessary. FLA contains Flurbiprofen 20%, Lidocaine 5% and Amitriptyline 5%. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one (or drug class) that is not recommended is not recommended. Lidocaine in cream form is not recommended or indicated for neuropathic pain. Other than Lidoderm, no other commercially approved topical formulation of lidocaine for the creams, lotions or gel indicated for neuropathic pain. In this case, the injured worker's working diagnoses are right elbow lateral epicondylitis; right forearm extensor tendon tenosynovitis; and DeQuervain's tenosynovitis. In June 2014, the injured worker was using a topical analgesic Ibuprofen topical 10% to three times daily. There is no documentation in the medical record indicating whether that topical analgesic provided symptomatic relief. On November 6, 2014 a request authorization for topical cream for inflammation and pain was documented in the treatment plan. It was not requested by name. Lidocaine in cream form is not recommended or indicated for neuropathic pain. Any compounded product that contains at least one drug (lidocaine in cream form) that is not recommended is not recommended. Consequently, absent clinical indications/rationale and the areas to be applied, topical cream FLA (Flurbiprofen 20%, Lidocaine 5% and Amitriptyline 5%) is not medically necessary.

