

<b>Case Number:</b>	CM15-0001563		
<b>Date Assigned:</b>	01/12/2015	<b>Date of Injury:</b>	04/20/2007
<b>Decision Date:</b>	03/16/2015	<b>UR Denial Date:</b>	12/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/05/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 male with date of injury 4/20/2007. Per the primary treating physician, the injured worker complains of intermittent low back pain. Symptoms were manageable with medications. On examination there is tenderness upon palpation of the lower lumbar paravertebral muscles. Lumbar range of motion is decreased upon extension. Orthopedic testing is negative and muscle strength in the lower extremities is intact. Diagnoses include mechanical low back pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Prescription Lidocaine 5%, Flurbiprofen 20%, compounded cream, 120gm- 2 refills:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics section Page(s): 111-113.

**Decision rationale:** The MTUS Guidelines recommend the use of topical analgesics as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Topical lidocaine is used primarily for neuropathic pain when trials of antidepressant and anticonvulsants have failed. 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. Non-dermal patch formulations are generally indicated as local anesthetics and anti-pruritics. Topical NSAIDs, have been shown to be superior to placebo for 4-12 weeks for osteoarthritis of the knee. The injured worker's pain is not described as pain from osteoarthritis. Topical flurbiprofen is not an FDA approved formulation. Since lidocaine in the formulation of a cream and the injured worker does not have osteoarthritis of the knee where topical flurbiprofen might be used, this request is not supported by the MTUS Guidelines. The medical records do not establish medical necessity outside of the MTUS Guidelines. The request for 1 Prescription Lidocaine 5%, Flurbiprofen 20%, compounded cream, 120gm- 2 refills is determined to not be medically necessary.