

<b>Case Number:</b>	CM15-0004222		
<b>Date Assigned:</b>	01/16/2015	<b>Date of Injury:</b>	08/28/2012
<b>Decision Date:</b>	03/18/2015	<b>UR Denial Date:</b>	12/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2015

### 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, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 34 year old female with a date of injury as 08/28/2012. The current diagnoses include degeneration of cervical intervertebral disc, brachial radiculitis, cervicgia, other disorders of muscle, ligament, and fascia, carpal tunnel syndrome, spasm of muscle, insomnia, and gastritis. Previous treatments include medications, physical therapy, home exercise program, and chiropractic therapy. Primary treating physician's reports dated 01/10/2014 through 11/21/2014 and agreed medical examination dated 03/04/2014 were included in the documentation submitted for review. Report dated 11/21/2014 noted that the injured worker presented with complaints that included neck pain with tingling radiating to the right arm. Physical examination revealed decreased range of motion in the cervical region due to myofascial pain and spasming, deep palpation of the trapezius and levator muscles revealed spasming and twitching. The injured worker is permanent & stationary. The utilization review performed on 12/16/2014 non-certified a prescription for Flurbiprofen 20%/Lidocaine 5% compound cream based on documentation does not indicate why the injured worker is being prescribed a topical NSAID when she is already on an oral NSAID. The reviewer referenced the California MTUS in making this decision.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen 20%, Lidocaine 5%: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112-113.

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

**Decision rationale:** The patient presents with increasing neck pain. The current request is for Flurbiprofen 20%/lidocaine 5%. The treating physician states that the pain is constant and can increase to sharp pain that is a tingling sensation radiating into the right arm. The MTUS guidelines do not support the usage of Flurbiprofen 20%/lidocaine 5% cream (NSAID) for the treatment of spine, hip, shoulder or neuropathic pain. "NSAID topical analgesics are indicated for osteoarthritis and tendinitis of the knee and elbow or other joints that are amenable to topical treatment." The treating physician states, "We will continue Flurbiprofen 20% and anti-inflammatory topical cream to alleviate her neck pain," which MTUS guidelines do not support. In this case, the treating physician is prescribing a topical analgesic that contains lidocaine and MTUS specifically states, "No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." The current request is not medically necessary and the recommendation is for denial.