

<b>Case Number:</b>	CM15-0101361		
<b>Date Assigned:</b>	06/03/2015	<b>Date of Injury:</b>	05/19/2014
<b>Decision Date:</b>	07/03/2015	<b>UR Denial Date:</b>	05/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2015

### 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 41-year-old female, who sustained an industrial injury on 05/19/2014. Per utilization review, the injury was secondary to lifting pallets resulting in neck pain. On provider visit dated 04/29/2015 the injured worker has reported neck and low back pain. She reports a 6/10 on the pain scale. On examination of the cervical facets are tender to palpation, and rotation was noted as decreased. Lumbar facets were positive to palpation, extension and twisting. Patrick's sign was positive. Straight leg raise was positive bilaterally. In addition, paresthesia in bilateral L5 dermatomes was noted. Extremities were noted to have positive Tinel's sign for carpal tunnel bilaterally. The injured worker was noted not to be working. The diagnoses have included chronic low back pain and chronic neck pain due to degenerative disc disease with facet osteoarthropathy with radicular pain into all extremities. Treatment to date has included physical therapy, home excises program and medication: Valium, Ibuprofen, Diclofenac Sodium ER, Protonix, Senokot and Colace. The provider requested topical cream: Flur 20%, Lido 5% 30 gms to further alleviate her neck and lower back pains.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Topical cream: Flur 20%, Lido 5% 30 Gms:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Section Page(s): 111-114.

**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 NSAIDs have been shown to be superior to placebo for 4-12 weeks for osteoarthritis of the knee. Topical flurbiprofen is not an FDA approved formulation. 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. 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 Flurbiprofen is not FDA approved, therefore, the request for Topical cream: Flur 20%, Lido 5% 30 Gms is not medically necessary.