

<b>Case Number:</b>	CM15-0106311		
<b>Date Assigned:</b>	06/04/2015	<b>Date of Injury:</b>	01/25/1995
<b>Decision Date:</b>	07/02/2015	<b>UR Denial Date:</b>	04/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/06/2015

### 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: 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 60 year old male, who sustained an industrial injury on January 25, 1995 while working as an incinerator operator. The injury occurred when medical waste fell on top of the injured worker striking his neck, back and right shoulder. The diagnoses have included cervical radiculopathy, lumbar radiculopathy, lumbar or lumbosacral disc degeneration, right shoulder rotator cuff tear, sexual dysfunction and chronic pain syndrome. Treatment to date has included medications, radiological studies, MRI, H-wave unit and a home exercise program. Current documentation dated April 16, 2015 notes that the injured worker reported neck and low back pain. The pain was rated a six out of ten on the visual analogue scale with medications. Examination of the cervical spine revealed bilateral tenderness and spasms of the cervical and trapezius muscles. Range of motion was noted to be decreased. Examination of the lumbar spine revealed a decreased range of motion. Sensation to pin-prick was diminished along the left more than right lateral leg. Deep tendon reflexes were decreased in the bilateral lower extremities. The treating physician's plan of care included a request for Flurbiprofen/Lido cream # 2.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbi/Lido Cream #2:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with multiple joint pains without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic to include a compounded NSAID, over oral formulation for this chronic injury without documented functional improvement from treatment already rendered. Guidelines do not recommend long-term use of NSAID without improved functional outcomes attributable to their use. The Flurbi/Lido Cream #2 is not medically necessary and appropriate.