

<b>Case Number:</b>	CM15-0109976		
<b>Date Assigned:</b>	06/16/2015	<b>Date of Injury:</b>	06/23/2011
<b>Decision Date:</b>	07/15/2015	<b>UR Denial Date:</b>	05/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/08/2015

### 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: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 57-year old female, with a reported date of injury of 06/23/2011. The diagnoses include lumbosacral degenerative disc disease, shoulder sprain, and lumbar sprain/strain. Treatments to date have included oral medication, topical pain medication (patches and cream), an MRI of the left shoulder on 03/22/2013, an x-ray of the left shoulder on 12/19/2013 and 03/22/2013, and home exercises. The medical report dated 05/12/2015 indicates that the injured worker continued to have low back pain, and bilateral shoulder pain. The pain in the back and right shoulder was rated 5 out of 10. The objective findings include tenderness to palpation of the bilateral lumbar paraspinous muscles with spasms, decreased lumbar spine range of motion, normal bilateral shoulder range of motion, but pain with movement, and tenderness to palpation of the anterior right shoulder and brachioradialis muscle of the forearm. It was noted that the injured worker stated that the pain medications were working well to control pain. She was able to continue to work, but she was having more pain with work. The medical report dated 04/07/2015 indicates that the injured worker continued to have bilateral shoulder pain and low back pain. She also complained of tingling in the legs, which helped with patches. The back pain and right shoulder pain was rated 5 out of 10. The objective findings include tenderness to palpation of the bilateral L3-5 paraspinous muscles with spasms, decreased lumbar range of motion, normal bilateral shoulder range of motion but pain with movement, and tenderness to palpation of the anterior right shoulder and brachioradialis muscle of the forearm. It was noted that with medications, the injured worker was able to move around the house and do her activities of daily living. Without the medications, she was not functional and would not be able to continue her work. It was noted that the injured worker was doing well with her medications. The treating physician requested Flurbiprofen/lidocaine cream 120mg for increased neck pain and inflammation.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Flurbiprofen/lidocaine cream 120mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Food and Drug Administration (FDA).

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

**Decision rationale:** Flurbiprofen/lidocaine cream 120mg is not medically necessary. According to California MTUS, 2009, chronic pain, page 111 California MTUS guidelines does not cover "topical analgesics that are largely experimental in use with a few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended, is not recommended." Additionally, Per CA MTUS page 111 states that topical analgesics are "recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (anti-depressants or AED)." Only FDA-approved products are currently recommended. Non-neuropathic pain: Not recommended. The claimant was not diagnosed with neuropathic pain and there is no documentation of physical findings or diagnostic imaging confirming the diagnosis; therefore, the requested medication is not medically necessary.