

<b>Case Number:</b>	CM15-0131647		
<b>Date Assigned:</b>	07/17/2015	<b>Date of Injury:</b>	11/18/2013
<b>Decision Date:</b>	08/19/2015	<b>UR Denial Date:</b>	06/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2015

### 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: Texas, California  
 Certification(s)/Specialty: Family Practice

### 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 was a 44-year-old male, who sustained an industrial injury, November 18, 2013. The injured worker previously received the following treatments lumbosacral epidural injection, lumbar spine MRI, flexion extension lumbar spine MRI, right knee x-ray, acupuncture, 4 chiropractic services, Capsaicin cream, Norco and Lidocaine Patches. The injured worker was diagnosed with lumbosacral disc herniation, lumbosacral radicular syndrome of the right lower extremity, degenerative discogenic spondylosis primarily at L5-S1, headaches, low back pain radiating to the legs associated with numbness and weakness, difficulty with falling asleep, daytime sleeping and disruption in sleep. According to progress note of May 15, 2015, the injured worker's chief complaint was low back pain with radiation to the legs associated with numbness and weakness. The physical exam there was tenderness over the right paralumbar knee joint. There was right sciatic notch produced pain-radiating top the right leg with palpation. There was mild atrophy noted in the right leg. There was tenderness with palpation over the medial knee joint. The McMurray's test was positive for meniscus abnormality. There was 5 out of 5 bilateral motor strength. The patient does not have any gastrointestinal side effects with oral medications. There was hyperesthesia at the L5 and S1 dermatomes. The treatment plan included a prescription for Flurbi (NAP) cream. The patient sustained the injury when he was lifting and loading heavy material. The medication list include Capsaicin cream, Norco and Lidocaine Patches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbi (NAP) Cream - LA 180gm: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain - Topical Analgesics, pages 111-112.

**Decision rationale:** Request Flurbi (NAP) Cream - LA 180gm contains Flurbiprofen, Lidocaine and Amitriptyline. According to the MTUS Chronic Pain Guidelines, regarding topical analgesics state that the use of topical analgesics is "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed". MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. There is no objective consistent evidence of the presence of neuropathic pain in this patient. Any intolerance or contraindication to oral medications was not specified in the records provided. Any evidence of diminished effectiveness of oral medications was not specified in the records provided. Flurbiprofen is a NSAID. Per the cited guidelines, "Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration". Amitriptyline is an antidepressant. Per the cited guidelines, "Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants...There is little to no research to support the use of many of these agents". Therefore, topical amitriptyline is not recommended by the cited guidelines. Per the cited guidelines, "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Topical flurbiprofen and amitriptyline are not recommended in this patient for this diagnosis as cited. The medical necessity of the medication Flurbi (NAP) Cream - LA 180gm is not medically necessary in this patient.