

<b>Case Number:</b>	CM15-0133968		
<b>Date Assigned:</b>	07/22/2015	<b>Date of Injury:</b>	02/02/2011
<b>Decision Date:</b>	08/18/2015	<b>UR Denial Date:</b>	06/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 66 year old female, who sustained an industrial injury on 2/2/2011. Diagnoses have included bilateral carpal tunnel syndrome, left and right shoulder impingement syndrome, status post right knee arthroscopy and basilar arthrosis left thumb. Treatment to date has included physical therapy and wrist braces. According to the progress report dated 3/4/2015, the injured worker complained of pain, numbness and tingling in the bilateral hands and wrists. She reported significant improvement from previously using a topical, compound cream. Physical exam revealed decreased sensation to pinprick over the thumbs, index and middle fingers. Exam of the left shoulder revealed tenderness. Authorization was requested for Lidocaine/Flurbiprofen cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LF520 Lidocaine 5%, Flurbiprofen 20%, 120 grams, Qty 1 with 2 refills, apply 2-3 times daily as needed:** 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 (1) Medications for chronic pain, p60 (2) Topical Analgesics, p111-113 Page(s): 60, 111-113.

**Decision rationale:** The claimant sustained a work injury in February 2011 and continues to be treated for bilateral hand and wrist pain with numbness and tingling. When seen, there was decreased finger sensation. There was left shoulder tenderness with normal range of motion and strength. There was left first CMC joint tenderness with positive grind testing. Authorization for topical compounded cream was requested. Topical lidocaine in a formulation that does not involve a dermal-patch system can be recommended for localized peripheral pain. Compounded topical preparations of flurbiprofen are used off-label (non-FDA approved) and have not been shown to be superior to commercially available topical medications such as diclofenac. In this case, there is no evidence that the claimant has failed a trial of topical diclofenac. Guidelines also recommend that when prescribing medications only one medication should be given at a time. By prescribing a multiple combination medication, in addition to the increased risk of adverse side effects, it would not be possible to determine whether any derived benefit is due to a particular component. In this case, there are other single component topical treatments that could be considered. This medication is not medically necessary.