

<b>Case Number:</b>	CM15-0134253		
<b>Date Assigned:</b>	07/22/2015	<b>Date of Injury:</b>	08/21/2012
<b>Decision Date:</b>	08/31/2015	<b>UR Denial Date:</b>	06/18/2015
<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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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:

This is a 53 year old male with an August 21, 2012 date of injury. A progress note dated May 5, 2015 documents subjective complaints (persistent pain in the neck and lower back rated at a level of 6 to 7 out of 10; lower back pain that radiates down the legs to the calves; Motrin helps his pain from a 7 out of 10 down to a 5 out of 10), objective findings (loss of range of motion of the cervical spine; palpable muscular hypertonicity and tenderness of the cervical spine; cervical compression test was positive on the left with radiation of pain to the upper arm as well as lateral forearm; loss of range of motion of the lumbar spine; straight leg raise test was positive on the right with radiation of pain to the posterior thigh and anterolateral lower leg), and current diagnoses (blunt head trauma with loss of consciousness and ongoing headaches; post traumatic concussion syndrome; multilevel cervical disc disease with disc bulge; multilevel lumbar disc disease with disc herniation; history of left-sided rib fractures; history of electrocution). Treatments to date have included medications, magnetic resonance imaging of the cervical spine (July of 2013; showed a 4 millimeter central posterior disc bulge at C5-C6 with borderline left C6 nerve root compression), magnetic resonance imaging of the lumbar spine (July of 2013; showed a 5 millimeter central and right lateral disc herniation at L5-S1), and chiropractic treatments for the lumbar spine. The medical record indicates that medications help control the pain. The treating physician documented a plan of care that included Flurbiprofen 20%, Lidocaine 5% cream, 180gm.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen 20%, Lidocaine 5% cream 180gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter (Online Version) Compound drugs.

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

**Decision rationale:** According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no evidence that Flurbiprofen is recommended as topical analgesics for chronic spine pain. Lidocaine, the other component of the topical analgesic is recommended for focal neuropathic pain. There is no evidence of focal neuropathic pain in this case. There is no documentation of failure or intolerance of first line oral medications. Based on the above Flurbiprofen 20%, Lidocaine 5% cream 180gm is not medically necessary.