

<b>Case Number:</b>	CM15-0135331		
<b>Date Assigned:</b>	07/23/2015	<b>Date of Injury:</b>	04/09/2015
<b>Decision Date:</b>	08/26/2015	<b>UR Denial Date:</b>	06/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/13/2015

### 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 26 year old female, who sustained an industrial injury on April 9, 2014. Several documents within the submitted medical records are difficult to decipher. The injured worker was diagnosed as having sub-acute traumatic moderate repetitive cervical, thoracic and lumbar strain/sprain and rule out herniated disc, sub-acute traumatic moderate repetitive bilateral shoulder and elbow strain/sprain rule out ligamentous injury and sub-acute traumatic moderate repetitive wrist strain/sprain rule out carpal tunnel syndrome. Treatment to date has included topical and oral medication. A progress note dated June 15, 2015 provides the injured worker complains of neck, shoulder, wrist, elbow, back pain and anxiety, depression and sleep disturbance. Physical exam notes tenderness over the affected area. The plan includes topical and oral medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flector 1.3# topical patch #60:** 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:** The patient was injured on 04/09/15 and presents with pain in her neck, upper back, lower back, bilateral shoulders, bilateral elbows, and right/left wrist. The request is for FLECTOR 1.3% TOPICAL PATCH #60. The utilization review rationale is that this medication is not indicated as a first-line therapy. The RFA is dated 06/15/15 and the patient is on temporary total disability. It appears that this is the initial request for this medication. Regarding topical NSAIDs, MTUS on topical analgesics, pages 111-113, state, Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use. The patient is diagnosed with sub-acute traumatic moderate repetitive cervical, thoracic and lumbar strain/sprain and rule out herniated disc, sub-acute traumatic moderate repetitive bilateral shoulder and elbow strain/sprain rule out ligamentous injury and sub-acute traumatic moderate repetitive wrist strain/sprain rule out carpal tunnel syndrome. The right and left elbows had slight swelling, moderate tenderness upon palpation, a positive Cozen's test, and a positive Tinel's sign. The right and left wrists had slight swelling, a decrease in range of motion, moderate tenderness upon palpation, a positive Phalen's test, a positive Prayer's test, and a positive Finkelstein's test. The right and left shoulders have slight spasticity, moderate tenderness upon palpation, a decrease in range of motion, a positive Yergason Test, and a positive Apley's Scratch Test. There is no indication of where these patches will be applied to. This medication is indicated for osteoarthritis/tendinitis which does not appear to be in this patient. Due to lack of support from MTUS guidelines, the requested Flector patch is not medically necessary.

**Flurbiprofen 30 percent/Lidocaine 10 percent 240gm cream/ointment:** 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.

**Decision rationale:** The patient was injured on 04/09/15 and presents with pain in her neck, upper back, lower back, bilateral shoulders, bilateral elbows, and right/left wrist. The request is for FLURBIPROFEN 30%/ LIDOCAINE 10% 240 GM CREAM/OINTMENT. The RFA is dated 06/15/15 and the patient is on temporary total disability. MTUS has the following regarding topical creams (page 111, chronic pain section): "Topical Analgesics: 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. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams,

lotions or gels) are indicated for neuropathic pain." Flurbiprofen, an NSAID, is indicated for peripheral joint arthritis/tendinitis. MTUS also states that many agents are compounded for pain control including antidepressants and that there is little to no research to support their use. The patient is diagnosed with sub-acute traumatic moderate repetitive cervical, thoracic and lumbar strain/sprain and rule out herniated disc, sub-acute traumatic moderate repetitive bilateral shoulder and elbow strain/sprain rule out ligamentous injury and sub-acute traumatic moderate repetitive wrist strain/sprain rule out carpal tunnel syndrome. The right and left elbows had slight swelling, moderate tenderness upon palpation, a positive Cozen's test, and a positive Tinel's sign. The right and left wrists had slight swelling, a decrease in range of motion, moderate tenderness upon palpation, a positive Phalen's test, a positive Prayer's test, and a positive Finkelstein's test. The right and left shoulders have slight spasticity, moderate tenderness upon palpation, a decrease in range of motion, a positive Yergason Test, and a positive Apley's Scratch Test. There is no indication of where this topical cream will be applied to. MTUS Guidelines page 111 do not recommend a compounded product if one of the compounds are not indicated for use. In this case, Lidocaine (in a non-patch form) is not indicated for use as a topical formulation. Furthermore, the patient does not present with arthritis /tendinitis as indicated by MTUS guidelines for Flurbiprofen. The requested topical cream is not medically necessary.