

<b>Case Number:</b>	CM15-0140901		
<b>Date Assigned:</b>	07/30/2015	<b>Date of Injury:</b>	02/27/2013
<b>Decision Date:</b>	08/27/2015	<b>UR Denial Date:</b>	07/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/20/2015

### 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: Arizona, 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 is a 48 year old female, who sustained an industrial injury on 2-27-2013. The mechanism of injury is unknown. The injured worker was diagnosed as having chronic right elbow pain, status post lateral epicondyle surgical release, left arm compensatory overuse and morbid obesity. There is no record of a recent diagnostic study. Treatment to date has included right lateral epicondyle surgery x 2, physical therapy, bracing and medication management. In a progress note dated 6-3-2015, the injured worker complains of right lateral epicondyle pain described as dull, aching and stabbing with compensatory left arm pain. Physical examination showed palpable forearm tenderness with good range of motion and a well-healed scar. The treating physician is requesting Flurbiprofen 20%, Lidocaine 5% 4 mg and Cyclobenzaprine 10%, Lidocaine 2% 4 gm.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen 20%, Lidocaine 5% 4 mg:** 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 topical analgesics Page(s): 111-112.

**Decision rationale:** According to the MTUS guidelines, topical analgesics are 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. Flurbiprofen is a topical NSAID. It is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. It is recommended for short-term use (4-12 weeks) for arthritis. Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). In this case, the claimant does not have arthritis or the above diagnoses. There are diminishing effects after 2 weeks of topical NSAIDs. Topical NSAIDs can reach systemic levels similar to oral NSAIDs. In addition, it was combined with other topical analgesics containing Lidocaine. The claimant had been on topical analgesics for several months and long-term use is not recommended. The Flurbiprofen/Lidocaine topical is not medically necessary.

**Cyclobenzaprine 10%, Lidocaine 2% 4 gm:** 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 topical analgesics Page(s): 111-112.

**Decision rationale:** According to the MTUS guidelines, topical analgesics are 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. Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Topical muscle relaxants such as Cyclobenzaprine are not recommended due to lack of evidence. In addition, the compound in question was combined with another topical containing Lidocaine. The claimant had been on topical analgesics for several months and long-term use is not recommended. Since the compound above contains these topical medications without clinical justification, the compound in question is not medically necessary.