

<b>Case Number:</b>	CM15-0142431		
<b>Date Assigned:</b>	08/03/2015	<b>Date of Injury:</b>	09/26/2008
<b>Decision Date:</b>	09/03/2015	<b>UR Denial Date:</b>	07/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2015

### 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, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The applicant is a represented 58-year-old who has filed a claim for chronic low back and knee pain reportedly associated with an industrial injury of September 26, 2008. In a Utilization Review report dated July 22, 2015, the claims administrator failed to approve requests for topical LidoPro patches and topical Flurbiprofen cream. The claims administrator did, however, approve Prilosec, Neurontin, fenoprofen, and Tramadol, it was reported. The claims administrator referenced a July 9, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On an RFA form dated July 15, 2015, Tramadol, topical LidoPro patches, oral fenoprofen, Neurontin, Prilosec, and a Flurbiprofen cream were sought. In an associated progress note dated July 9, 2015, the applicant reported ongoing complaints of knee and shoulder pain. The applicant was working as an assembly worker, it was acknowledged. The applicant had received an epidural steroid injection in 2013, it was reported. 3/10 pain complaints were noted. The applicant exhibited a visible limp. Multiple medications were renewed. The claimant was given refills of fenoprofen, Neurontin, Prilosec, Tramadol, Lidoderm patches, and Flurbiprofen ointment. It was then stated that the applicant was also using a prescription naproxen-containing cream. The applicant was given a 15-pound lifting limitation. It was not clearly stated what body parts the Flurbiprofen ointment/Flurbiprofen cream was being applied upon.

### IMR ISSUES, DECISIONS AND RATIONALES

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

### **Lido Pro patch #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical Page(s): 28. Decision based on Non-MTUS Citation LidoPro - DailyMed [dailymed.nlm.nih.gov/dailymed/archives/fdaDrugInfo.cfm?archiveid](http://dailymed.nlm.nih.gov/dailymed/archives/fdaDrugInfo.cfm?archiveid). Dec 1, 2012 - LIDOPRO- capsaicin, lidocaine, menthol and methyl salicylate.

**Decision rationale:** No, the request for topical LidoPro was not medically necessary, medically appropriate, or indicated here. LidoPro, per the National Library of Medicine (NLM), is an amalgam of capsaicin, lidocaine, menthol, and methyl salicylate. However, page 28 of the MTUS Chronic Pain Medical Treatment Guidelines notes that topical capsaicin, i.e., the primary ingredient in the compound, is not recommended except as a last-line agent, in applicants who have not responded to or are intolerant of other treatments. However, the applicant's concomitant usage of numerous first-line oral pharmaceuticals, including Neurontin, Tramadol, fenoprofen, etc.; effectively the need for the capsaicin-containing LidoPro compound in question. Therefore, the request is not medically necessary.

### **Flurbiprofen cream #2: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management; Non-steroidal anti-inflammatory agents (NSAIDs) Page(s): 7; 112.

**Decision rationale:** Similarly, the request for a flurbiprofen cream was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines, it is incumbent upon an attending provider to tailor medications and dosages to the specific applicant taking into consideration applicant-specific variables such as “other medications.” Here, the applicant’s progress note of July 9, 2015 seemingly suggested that the applicant was using two separate topical NSAIDs, namely topical flurbiprofen and topical naproxen. A clear rationale for concurrent usage of two separate topical NSAIDs was not furnished here. The applicant’s primary operating diagnosis, per the July 9, 2015 progress note was lumbar radiculopathy. However, page 112 of the MTUS Chronic Pain Medical Treatment Guidelines notes that there is “little evidence” to utilize topical NSAIDs such as topical flurbiprofen for treatment of the spine, i.e., one of the primary pain generators here. While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical NSAIDs are indicated in the treatment of arthritis and/or tendonitis of small joints amenable to topical application, such as the knee, i.e., one of the body parts at issue here, the attending provider did not explicitly state on July 9, 2015 whether he intended for the applicant to apply topical flurbiprofen to the knee or the lumbar spine. Therefore, the request was not medically necessary.