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| <b>Case Number:</b>   | CM15-0146370 |                              |            |
| <b>Date Assigned:</b> | 08/07/2015   | <b>Date of Injury:</b>       | 05/24/2014 |
| <b>Decision Date:</b> | 09/09/2015   | <b>UR Denial Date:</b>       | 07/02/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/28/2015 |

### 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: Indiana, Michigan, 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 29-year-old female who experienced a work related injury on May 24, 2014. Diagnoses include lumbosacral disc degeneration, lumbago, lumbosacral neuritis and sciatica. Treatment has involved medications, back bracing, epidural steroid injections and chiropractic care. Imaging involved a CT of the thoracic and lumbar spine on May 24, 2014 consistent with no significant abnormalities of the thoracic spine and endplate spurring of the lumbar spine. MRI on May 27, 2014 of the lumbar spine showed mild degenerative disc disease with disc bulging. MRI of the cervical spine on August 12, 2014 revealed minimal degenerative disc disease. Request is for Flurbiprofen 20% and Lidocaine 5%, 330 gram.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen 20%, Lidocaine 5%, 330g: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**Decision rationale:** MTUS guidelines recommend topical analgesics as an option and for use with neuropathic pain when trials of antidepressants and anticonvulsants have failed. In particular, Flurbiprofen 20% is a topical nonsteroidal anti-inflammatory medication. MTUS indicates there are no long-term studies of its effectiveness or safety. Lidocaine's indication is primarily for neuropathic pain and is not indicated for non-neuropathic pain, which comprises much of the injured workers symptoms. Therefore, Flurbiprofen 20% and Lidocaine 5%, 330 gram is not medically necessary and appropriate.