

<b>Case Number:</b>	CM15-0165149		
<b>Date Assigned:</b>	09/02/2015	<b>Date of Injury:</b>	04/25/2004
<b>Decision Date:</b>	10/22/2015	<b>UR Denial Date:</b>	08/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/24/2015

### 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:

The injured worker is a 56 year old male, who sustained an industrial injury on 4-25-04. He reported right shoulder pain. The injured worker was diagnosed as having chronic bilateral shoulder pain due to tendinitis, impingement syndrome and rotator cuff tears and bursitis. Other diagnoses included multiple shoulder surgeries 3 on the right 2 on the left, myofascial thoracolumbar pain, neck pain, and bilateral knee pain. Treatment to date has included physical therapy, home exercise, and medication. The injured worker had been taking Norflex since at least 7-16-15 and using Flurbiprofen-Lidocaine cream since at least 4-30-15. Currently, the injured worker complains of bilateral shoulder pain. The treating physician requested authorization for retrospective Norflex 100mg #60. Other requests included Flurbiprofen 25%-Lidocaine 5% topical cream 30mg #3 and Flurbiprofen 25%-Lidocaine 5% topical cream 60g #30 all for the date of service 7-16-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective (DOS 7/16/2015) request for Norflex 100mg QTY: 60.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**Decision rationale:** The provider is requesting a refill of Norflex for pain management. According to MTUS guideline, Norflex is a muscle relaxant with anticholinergic effects. MUTUS guidelines stated that a non sedating muscle relaxants is recommended with caution as a second line option for short term treatment of acute exacerbation in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The guidelines recommended the use of muscle relaxants for no more than 2-3 weeks. The drug is sedative and may cause drowsiness as a side effect and can be abused for euphoria. The patient was prescribed Norflex since at least July 2015 without any clear functional improvement and only slight improvement of overall strength in upper extremities was reported (July 16 2015). There is no clear and recent evidence of acute exacerbation of spasm and the prolonged use of Norflex is not recommended by the guidelines. Therefore, the retrospective request of Norflex 100mg #60 is not medically necessary.

**Retrospective (DOS 7/16/2015) request for 30mg Flurbiprofen 25%-Lidocaine 5% topical cream (days supply) QTY: 3.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** The provider requested authorization for 30 mg Flurbiprofen 25%-Lidocaine 5% topical cream for pain management. 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. There 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. The proposed topical analgesic contains lidocaine which is recommended as a dermal patch for a focal neuropathic pain after failure of first line oral medications (anti epileptic drugs and anti depressant drugs). No other topical formulation was approved for neuropathic pain. Lidocaine was not approved for non-neuropathic pain. There is evidence of musculoskeletal pain and no evidence of neuropathic pain and the prescription of Lidocaine cream is not supported by the guidelines. In addition: flurbiprofen not recommended by MTUS as a topical analgesic for a diffuse pain syndrome such as in the present case. Therefore, the retrospective request for Retrospective (DOS 7/16/2015) request for 30mg Flurbiprofen 25%-Lidocaine 5% topical cream (days supply) QTY: 3.00 are not medically necessary.

**Retrospective (DOS 7/16/2015) request for 60mg Flurbiprofen 25%-Lidocaine 5% topical cream (days supply) QTY: 30.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** The provider requested authorization for 60mg Flurbiprofen 25%-Lidocaine 5% topical cream for pain management. 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. There 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. The proposed topical analgesic contains lidocaine which is recommended as a dermal patch for a focal neuropathic pain after failure of first line oral medications (anti epileptic drugs and anti depressant drugs). No other topical formulation was approved for neuropathic pain. Lidocaine was not approved for non-neuropathic pain. There is evidence of musculoskeletal pain and no evidence of neuropathic pain and the prescription of Lidocaine cream is not supported by the guidelines. In addition: flurbiprofen not recommended by MTUS as a topical analgesic for a diffuse pain syndrome such as in the present case. Therefore, the retrospective request for Retrospective (DOS 7/16/2015) request for 60mg Flurbiprofen 25%-Lidocaine 5% topical cream is not medically necessary.