

<b>Case Number:</b>	CM15-0182792		
<b>Date Assigned:</b>	09/23/2015	<b>Date of Injury:</b>	07/18/2013
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	09/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2015

### 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 50 year old female, who sustained an industrial injury on 7-18-2013. The injured worker was diagnosed as having left shoulder rotator cuff tendinopathy, grade 1 spondylolisthesis L4-5 with multilevel herniated nucleus pulposus, multilevel cervical disc herniations and foraminal stenosis, and left hip greater trochanteric bursitis. Treatment to date has included diagnostics, physical therapy, and medications. Currently (7-23-2015), the injured worker reports "some definite improvement in her neck pain" with physical therapy. She continued to have intermittent left-sided low back pain with occasional radiation to her legs, along with left shoulder pain exacerbated with reaching and overhead lifting, and pain in her left hip. Her pain occasionally kept her awake at night. She found that "alternating the topical Flector patches with the topical compound cream her exacerbations are manageable and she can avoid taking oral pain medication". When pain was severe, she utilized the patches and cream. Her pain was not numerically rated. Work status was "may continue to work in her present capacity". Refill of medications was recommended, including Flector patches and topical compound cream. Per the Request for Authorization dated 8-05-2015, the treatment plan included 1 prescription of LF520 (Lidocaine 5%-Flurbiprofen 20%), 120gm with 2 refills, non-certified by utilization Review on 9-02-2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of LF520 (Lidocaine 5%/Flurbiprofen 20%) 120 gm with 2 refills: 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 current request is for 1 PRESCRIPTION OF LF520 (LIDOCAINE 5%/FLURBIPROFEN 20%) 120 GM WITH 2 REFILLS. Treatment to date has included diagnostics, physical therapy, and medications. The patient may continue work at "present current capacity." MTUS, Topical Analgesics Section page 111 states: "Topical Analgesics: Recommended as an option as indicated below. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. 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 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." Per report 07/23/15, the patient presents chronic neck, lower back and shoulder pain. The patient reported improvement in her neck pain with physical therapy. She found that alternating the topical Flector patches with the topical compound cream helps manage her pain, and she can avoid taking oral pain medication. When pain was severe, she utilized the patches and cream together. MTUS page 111 states that if one of the compounded topical products is not recommended, then the entire product is not. The requested compound cream contains Lidocaine, which is not supported for topical use in lotion/gel/cream form, according MTUS. Therefore, the request IS NOT medically necessary.