

<b>Case Number:</b>	CM15-0184522		
<b>Date Assigned:</b>	09/25/2015	<b>Date of Injury:</b>	06/03/2014
<b>Decision Date:</b>	11/02/2015	<b>UR Denial Date:</b>	08/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2015

### 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: North Carolina

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 59 year old female, who sustained an industrial injury on 06-03-2014. She has reported subsequent bilateral knee pain and was diagnosed with left knee contusion, left thigh strain, left knee strain and right knee sprain (compensatory mechanism). Work status was documented as modified but the physician noted that the restrictions could not be accommodated so the injured worker remained unable to work. Treatment to date has included oral and topical pain medication and physical therapy. Medications were noted to provide some pain relief. Documentation shows that Flurbiprofen, Lidocaine for topical application was prescribed since at least 02-17-2015. In a progress note dated 08-18-2015, the injured worker reported moderate to severe right and left knee pain. Right knee pain was rated as 8 out of 10 and left knee pain was rated as 10 out of 10 and that pain came down to a 4 with the use of medications. The injured worker reported that "pain was somewhat manageable with medications but not a whole lot". Objective examination findings showed a limp favoring the left knee, stiffness and tingling at L4-L5 and pain with extreme range of motion of the left knee with crepitus and valgus deformity. There was no documentation as to the specific effectiveness of Flurbiprofen, Lidocaine at relieving pain, the duration of pain relief or any objective functional improvement with use of the medication. Work status remained unchanged and there was no documentation of improved quality of life. A request for authorization of Flurbiprofen 20%, Lidocaine 5% - 60 gms was submitted. As per the 08-28-2015 utilization review, the request for Flurbiprofen 20%, Lidocaine 5% - 60 gms was non-certified.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen 20%, Lidocaine 5% - 60gm:** 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 California chronic pain medical treatment guidelines section on topical analgesics states: Recommended as an option as indicated below. 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. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The requested medication contains ingredients, which are not indicated per the California MTUS for topical analgesic use. Therefore, the request is not medically necessary.