

<b>Case Number:</b>	CM15-0195431		
<b>Date Assigned:</b>	10/09/2015	<b>Date of Injury:</b>	07/29/2015
<b>Decision Date:</b>	11/20/2015	<b>UR Denial Date:</b>	09/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/05/2015

### 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 25 year old male, who sustained an industrial injury on 7-29-2015. The injured worker is being treated for right sternoclavicular joint sprain-subluxation and strain of right sternocleidomastoid. Treatment to date has included medications, physical therapy and home exercises. Per the Primary Treating Physician's Progress Report dated 8-28-2015, the injured worker presented for follow-up on the right clavicle and right side of chest. He reported increase range of motion and decreased pain with 6 out of 8 completed physical therapy sessions. He states pain on right clavicle near sternal notch is sharp off and on and throbbing-burning. Pain is improved with home exercises and medications. He states that he is 70% better. Objective findings included tenderness to palpation of the proximal right clavicle at sternal notch at attachment of sternoclavicular mastoid. Work status was modified. The plan of care included additional physical therapy Authorization was requested for FlurLido-A cream (Flurbiprofen 20%-Lidocaine 5%-Amitriptyline 5%) 240gm. On 9-10-2015, Utilization Review non-certified the request for transdermal cream: FlurLido-A cream (Flurbiprofen 20%-Lidocaine 5%- Amitriptyline 5%) 240gm.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FlurLido-A Cream (Flurbiprofen 20%, Lidocaine 5%, Amitriptyline 5%) 240gm apply 2-4 pumps (1.0gm-2.0gm) topically BID-TID QTY: 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Online Version, Topical Analgesics.

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

**Decision rationale:** The patient presents on 09/15/15 with right clavicle/chest pain rated 3-4/10. The patient's date of injury is 07/29/15. The request is for Flurlido-A cream (Flurbiprofen 20%, Lidocaine 5%, Amitriptyline 5%) 240GM apply 2-4 pumps (1.0GM-2.0GM) TOPICALLY BID- TID QTY: 1. The RFA is dated 09/02/15. Physical examination dated 09/15/15 reveals tenderness to palpation of the distal clavicle and sternal notch (much less than previous. The patient is currently prescribed unspecified topical medications, presumably Flurlido-A cream. Patient is currently advised to return to work with modified duties ASAP. MTUS guidelines, Topical Analgesics Section, under Lidocaine Indication states: "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." Under Non-steroidal anti-inflammatory agents (NSAIDs) "this class in general is only recommended for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist)." MTUS Guidelines, Topical Analgesics section, page 111 also state that "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In regard to the Flurlido-A cream, the requested cream is not supported by MTUS guidelines. Lidocaine is not supported by MTUS in any topical formulation other than patch form. Flurbiprofen is only recommended for peripheral joint arthritis and tendinitis, this patient presents with right clavicle and shoulder pain. MTUS guidelines do not support anti-depressant medications in topical formulations, and specifically state that any topical compound which contains an unsupported ingredient is not indicated. Therefore, this request is not medically necessary.