

<b>Case Number:</b>	CM15-0208712		
<b>Date Assigned:</b>	10/27/2015	<b>Date of Injury:</b>	03/13/2003
<b>Decision Date:</b>	12/08/2015	<b>UR Denial Date:</b>	09/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2015

### 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:

This is a 62-year-old female who sustained a work-related injury on 3-13-03. On 9-10-15, the injured worker presented for evaluation of her right ankle. She reported aching pain in the low back rated a 10+ on a 10-point scale and had radiation of pain to the bilateral lower extremities rated 10 on a 10-point scale. She was status post 3 weeks screw removal in her right ankle with plans to start physical therapy. Her medications were helping with her pain including Naproxen, Lunesta, Norco and Ibuprofen. Objective findings included a clean ankle surgical wound with no signs of infection. Her right ankle was intact. The evaluating physician recommended Flurbiprofen 10%, Diclofenac 10%, Gabapentin 10%, and Lidocaine 5% cream 180 grams Quantity 1 to be applied in a thin layer to the affected area twice a day for inflammation. A request for Flurbiprofen 10%, Diclofenac 10%, Gabapentin 10%, and Lidocaine 5% cream 180 grams Quantity 1 was received on 9-26-15. On 9-28-15, the Utilization Review physician determined Flurbiprofen 10%, Diclofenac 10%, Gabapentin 10%, Lidocaine 5% cream 180 grams Quantity 1 was not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen 10%, Diclofenac 10%, Gabapentin 10%, Lidocaine 5%, cream 180grams Qty 1: Upheld**

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

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

**Decision rationale:** Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with diffuse spine and joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic to include two compounded NSAID, a Lidocaine and anti-epileptic over oral formulation for this chronic injury without documented functional improvement from treatment already rendered. It is also unclear why the patient is being prescribed 3 concurrent anti-inflammatories, Naproxen and topical compounded Flurbiprofen and Diclofenac posing an increase risk profile without demonstrated extenuating circumstances and indication. Guidelines do not recommend long-term use of NSAID without improved functional outcomes attributable to their use. Additionally, Guidelines do not recommend "long-term use of this Lidocaine and anti-seizure medications for this chronic 2003 injury without improved functional outcomes attributable to their use. The Flurbiprofen 10%, Diclofenac 10%, Gabapentin 10%, Lidocaine 5%, cream 180grams Qty 1 is not medically necessary and appropriate."