

<b>Case Number:</b>	CM15-0020964		
<b>Date Assigned:</b>	02/10/2015	<b>Date of Injury:</b>	02/06/2013
<b>Decision Date:</b>	04/06/2015	<b>UR Denial Date:</b>	01/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2015

### 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 47-year-old male who reported injury on 02/06/2013. The mechanism of injury was not provided. There was a Request for Authorization dated 12/31/2014 for the requested medication. The documentation of 12/22/2014 revealed the injured worker had complaints of left foot pain. The injured worker indicated his pain was better with rest and medications. The injured worker was taking Anaprox on an as needed basis which helped bring his pain down to 6/10 to 3/10. The physical examination revealed there was tenderness to palpation over the origin of the plantar fascia. There was full active range of motion in all planes. The diagnoses included left foot plantar fasciitis. The treatment plan included start of physical therapy, continue naproxen for pain control and request authorization for flurbiprofen/lidocaine cream 180 gm.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen/Lidocaine 20%/5% 180 grams:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Flurbiprofen, Topical Lidocaine Page(s): 111, 72, 112.

**Decision rationale:** The California Medical Treatment Utilization Schedule guidelines indicates that topical analgesics are 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Regarding Topical Flurbiprofen-FDA approved routes of administration for Flurbiprofen include oral tablets and ophthalmologic solution. A search of the National Library of Medicine - National Institute of Health (NLM-NIH) database demonstrated no high quality human studies evaluating the safety and efficacy of this medication through dermal patches or topical administration. The guidelines indicate that topical lidocaine (Lidoderm) may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The clinical documentation submitted for review failed to provide documentation to necessitate an NSAID in both topical and oral form. There was a lack of documentation indicating the injured worker had trialed and failed antidepressants and anticonvulsants. There was a lack of documentation indicating exceptional factors to warrant nonadherence to guideline recommendations. The request as submitted failed to indicate the frequency and the body part to be treated. Given the above, the request for flurbiprofen/lidocaine 20%/5% 180 gm is not medically necessary.