

<b>Case Number:</b>	CM15-0022766		
<b>Date Assigned:</b>	02/11/2015	<b>Date of Injury:</b>	04/17/2014
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	01/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/05/2015

### 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, Arizona  
 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 45-year-old male who reported an injury on 04/17/2014. The mechanism of injury was not provided. His diagnoses are noted as status post left wrist fracture and laceration, and status post left wrist surgery. During the assessment on 12/30/2014, the injured worker complained of left thumb pain and rated the pain a 6/10. He indicated that the pain level without medication increased to 7/10. The physical examination of the left wrist revealed range of motion, flexion of 60 degrees, extension of 50 degrees, radial deviation of 15 degrees, and ulnar deviation to 25 degrees. The treatment plan was to wait for authorization to see a hand specialist, continue with home exercise program, and continue with oral medications and topical medications. The rationale for the request was the use of topical creams and patches help decrease pain and use of oral medications allow the injured worker to sleep longer and perform more chores. The Request for Authorization form is dated 01/08/2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbi (NAP) Cream-LA: Flurbiprofen 20%- Lidocaine 5%- Amitriptyllne 4%:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Compounded drugs are not evaluated for safety or efficacy by the Federal Food and Drug Administration (FDA). According

to the FDA, compounded drugs carry significant health risks that can lead to permanent injury or death. [http://www.leginfo.ca.gov/pub/11-12/bill/asm/ab\\_0351-0400/ab\\_378\\_bill\\_20110908\\_amended\\_scm\\_v94.html](http://www.leginfo.ca.gov/pub/11-12/bill/asm/ab_0351-0400/ab_378_bill_20110908_amended_scm_v94.html).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** The request for Flurbi (NAP) Cream-LA: flurbiprofen 20%- lidocaine 5%- amitriptyllne 4% is not medically necessary. The California MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug, or drug class, that is not recommended is not recommended. The requested compound was noted to include flurbiprofen and lidocaine. In regard to flurbiprofen, the guidelines state that topical NSAIDs may be useful for osteoarthritis and tendonitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment for short term use (4 to 12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder. The use of topical NSAIDs is not recommended for neuropathic pain, as there is no evidence to support the use. In regard to topical lidocaine, the guidelines state that use of this product is only recommended in the formulation of the brand Lidoderm patch for neuropathic pain at this time. There was no documentation indicating that the injured worker had osteoarthritis or tendonitis to a joint amenable to topical treatment to justify the need for a topical NSAID. There was a lack of subjective complaints of neuropathic pain and adequate documentation regarding failure of antidepressants and anticonvulsants. There was no rationale indicating why the injured worker would require a topical cream versus oral medication. Furthermore, the dose, quantity, frequency, and application site for the proposed medication were also not provided. Given the above, the request is not medically necessary.