

<b>Case Number:</b>	CM15-0025583		
<b>Date Assigned:</b>	02/18/2015	<b>Date of Injury:</b>	02/21/2013
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	01/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### 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, male patient, who sustained an industrial injury on 02/21/2013. A primary treating office visit dated 12/22/2014 reported the chief complaint of cervical spine, thoracic spine, lumbar spine, left shoulder and bilateral hip pain. He stated experiencing persistent pain in the chest, neck, mid back and lower back. The pain is noted "much better" with rest and medication. Objective findings showed cervical spine with midline tenderness and limited range of motion due to pain. The patient is currently working. The following diagnoses are applied; right scapular fracture; right chest chronic effusion; multiple rib fractures; pelvic fractures with subsequently lower extremity numbness; chronic cervical strain, rule out disc herniation; bilateral upper extremity numbness; facial trauma; rule out cervical radiculopathy; left shoulder rotator cuff syndrome and lumbar disc herniation with right lower extremity L5 radiculopathy. A request was made for compound cream. On 01/27/2015, Utilization Review, non-certified the request, noting the CA MTUS Chronic Pain Guidelines, Topical Analgesia, Lidocaine, NSAIDS were cited. The injured worker submitted an application for independent medical review of service requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen/Lidocaine cream 180gm: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Pain section, Topical analgesics

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Flurbiprofen/lidocaine cream #180 g is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are 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. Other than Lidoderm, no other commercially approved topical formulation of lidocaine whether cream, lotions or gels are indicated for neuropathic pain. Flurbiprofen is not FDA approved for topical use. In this case, the injured worker's working diagnoses are right scapula fracture; right chest chronic effusion; multiple rib fractures; healthy fractures; chronic cervical strain; bilateral upper extremity numbness; facial trauma; rule out cervical radiculopathy; left shoulder rotator cuff syndrome; and lumbar disc herniation with right lower extremity L5 radiculopathy. Other than Lidoderm, no other commercially approved topical formulation of lidocaine whether cream, lotion or gel is indicated for neuropathic pain. Additionally, Flurbiprofen is not FDA approved for topical use. Any compounded product that contains at least one drug (topical lidocaine in cream form and Flurbiprofen-not FDA approved) that is not recommended is not recommended. Consequently, Flurbiprofen/lidocaine cream is not recommended. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Flurbiprofen/lidocaine cream #180 is not medically necessary.