

<b>Case Number:</b>	CM15-0027011		
<b>Date Assigned:</b>	02/19/2015	<b>Date of Injury:</b>	05/15/2009
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	01/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2015

### 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 61 year old female, who sustained a work/ industrial injury on 5/15/09. She has reported symptoms of persistent pain to the neck, wrists, and right shoulder with numbness and tingling to both hands along with popping and grinding in the shoulder. Prior history includes surgery to the right shoulder on 9/20/14. The diagnoses have included cervical spine sprain/strain; chronic right shoulder rotator cuff tendinitis and labrum tear with impingement syndrome per MRI; bilateral carpal tunnel releases, previously done; and right ganglion cyst. Treatments to date included conservative measures, surgery, and physical therapy. Medications included Norco, over the counter Non-Steroidal Anti-Inflammatory Drugs (NSAIDs). Physical exam from 5/21/14 revealed cervical findings to have no tenderness with palpation, no spasms, 90% lateral bending; shoulders were normal to palpation, without tenderness, abduction and forward flexion at 170 degrees bilaterally, 80 degrees internal rotation bilaterally, 60 degrees external rotation bilaterally, and extension at 30 degrees bilaterally, impingement sign positive on the right; Tinel's sign was positive at the cubital tunnel on the right; locking of the right thumb with trigger finger; hands had positive Tinel's and Phalen's test bilaterally, On 1/14/15, Utilization Review non-certified 1 Flurbiprofen/Lidocaine cream (20%/5%) 180gm, quantity not specified, 0 refills, as related to the cervical, right shoulder, bilateral wrist injury as outpatient, noting the non- MTUS, ACOEM Guidelines, (or ODG) citation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Flurbiprofen/Lidocaine cream (20%/5%) 180gm, quantity not specified, 0 refills, as related to the cervical, right shoulder, bilateral wrist injury as outpatient: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12th ed. McGraw Hill, 2010, Physician's Desk Reference, 68th ed., [www.RxList.com](http://www.RxList.com), [www.odg-twc.com/odgtwc/formulary.htm](http://www.odg-twc.com/odgtwc/formulary.htm), [drugs.com](http://drugs.com).

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

**Decision rationale:** This patient presents with chronic neck, right shoulder, right elbow, and bilateral hand pain. The current request is for 1 flurbiprofen/lidocaine cream 20%/5% 180 g, quantity not specified, 0 refills, as related to the cervical, right shoulder, bilateral wrist injury as outpatient. The MTUS Guidelines page 111 has the following regarding topical creams, "Topical analgesics are largely experimental and used with few randomized controlled trials to determine efficacy or safety". MTUS further states, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. For flurbiprofen, which is a nonsteroidal anti-inflammatory agent, "The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration." Indications for use are osteoarthritis and tendinitis in particular that of the knee and elbow or other joints that are amenable to topical treatment". In this case, the patient meets the indication for a topical NSAID cream as he presents with wrist and hand pain. However, lidocaine has only been approved in a patch form; therefore, rendering the entire compound cream invalid. This request is not medically necessary.