

<b>Case Number:</b>	CM15-0028886		
<b>Date Assigned:</b>	02/20/2015	<b>Date of Injury:</b>	01/13/2012
<b>Decision Date:</b>	04/06/2015	<b>UR Denial Date:</b>	02/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/16/2015

### 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: New Jersey, New York  
 Certification(s)/Specialty: Family Practice

### 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 43 year old man sustained an industrial injury on 1/13/2012. The mechanism of injury was not detailed. Current diagnoses include lumbar strain, L4-L5 disc protrusion, right rotator cuff tear and repair, adhesive capsulitis to the right shoulder, and right small finger traumatic laceration. Treatment has included oral medications and home exercise program. Physician notes dated 1/15/2015 show copmplaints of pain to the lumbar spine, right shoulder, right hand, and right fingers rated 5-7/10. However, the worker states this pain is improving. Recommendations include continuing home exercises and stretching, Flubiprofen, Lidocaine cream as an adjunctive with anti-inflammatory for greater pain relief during this flare-up, and continuing other medications. On 2/2/2015, Utilization Review evaluated prescriptions for Flurbiprofen 20%/Lidocaine 5% cream 180 gm and Hydrocodone/APAP 10/325 mg #90, that was submitted on 2/11/2015. The UR physician noted that the worker's pain is better with the Norco as he was able to return to work on modified duties. However, the duration of time that he has been taking the medication is unclear. A partial certification was made to allow time to provide further documentation including urine drug testing results, risk assessment profile, attempts at weaning, and an updated pain contract with evidence of objective functional improvement. Regarding the cream, Lidocaine is not recommended for topical applications and therefore, the whole application is not recommended. The MTUS, ACOEM Guidelines, (or ODG) was cited. The request for the cream was denied and the Hydrocodone/APAP was modified. Both were subsequently appealed to Independent Medical Review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen/Lidocaine cream (20%/5%) 180gm:** Upheld

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

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

**Decision rationale:** The request is medically unnecessary. The use of topical analgesics is largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when antidepressants and anticonvulsants have failed. The efficacy of topical NSAIDs is inconsistent in clinical trials. Effect seems to diminish after two weeks of treatment. It may be useful for chronic musculoskeletal pain but there are no long-term studies of its effectiveness or safety. Topical NSAIDs are not recommended for spinal conditions. Non-dermal patch formulations of lidocaine are indicated as local anesthetics and further research is needed to recommend it for treatment of chronic neuropathic pain disorders other than post-herpetic neuralgia. The patient is not documented to have post-herpetic neuralgia. Any compounded product that contains at least one drug that is not recommended is not recommended. Therefore, the request is considered not medically necessary.