

<b>Case Number:</b>	CM15-0032105		
<b>Date Assigned:</b>	02/25/2015	<b>Date of Injury:</b>	07/15/2011
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	01/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2015

### 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: Arizona, California

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:

The injured worker is a 61 year old female, who sustained an industrial injury on July 15, 2011. She has reported pain in the neck, mid back and left shoulder with pain and tingling in the left hand. The diagnoses have included multi-level disc disease and parascapular myalgia. Treatment to date has included radiographic imaging, diagnostic studies, conservative therapies, pain medications and work duty modifications. Currently, the IW complains of pain in the neck, mid back and left shoulder with pain and tingling in the left hand. The injured worker reported an industrial injury in 2011, resulting in chronic pain as previously noted. She reported feeling a sharp pain in the left arm when pulling a medical mattress from a chair. She has been treated conservatively without resolution of the pain. Evaluation on October 20, 2014, revealed continued pain. She reported only using over the counter pain medication. The plan was to use a compounded pain cream and steroid injections of the cervical spine. Evaluation on January 27, 2015, revealed continued pain. On January 27, 2015, Utilization Review non-certified a request for Flurbiprofen/Lidocaine cream (20%/ 5%) 180gm, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On February 20, 2015, the injured worker submitted an application for IMR for review of requested Flurbiprofen/Lidocaine cream (20%/ 5%) 180gm.

### 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): 111-112.

**Decision rationale:** According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They 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. Lidocaine is 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). Flurbiprofen is a topical NSAID. It is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. It is recommended for short-term use (4-12 weeks) for arthritis. There are diminishing effects after 2 weeks. In this case the claimant did not have the above diagnoses. The claimant had been on other topical analgesics containing Flurbiprofen since September 2014. Long-term use of topical analgesics are not recommended. The topical compound in question above is not medically necessary.