

<b>Case Number:</b>	CM15-0032235		
<b>Date Assigned:</b>	02/25/2015	<b>Date of Injury:</b>	01/22/1991
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	01/21/2015
<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: Florida

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 55 year old male, who sustained an industrial injury on January 22, 1991. He has reported left knee pain with decreased range of motion and low back pain. The diagnoses have included left knee new large lateral meniscal tear, status post left knee arthroscopy and debridement of meniscus and lumbar spine pain secondary to compensatory strategies. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention, conservative therapies, pain medications and work restrictions. Currently, the IW complains of left knee pain and low back pain. The injured worker reported an industrial injury in 1991, resulting in chronic left knee pain and low back pain. He was treated conservatively and surgically without resolution of the pain. Evaluation on January 21, 2015, revealed continued pain in the left knee. He reported low back pain secondary to compensatory strategies associated with the left knee pain. It was noted there was some improvement with therapy. A topical compounded pain cream was requested. On January 21, 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 Topical NSAIDs, Lidocaine, topical.

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

**Decision rationale:** In accordance with California MTUS guidelines, topical analgesics are considered largely experimental in use with few randomized controlled trials to determine efficacy or safety. Guidelines go on to state that, there is little to no research to support the use of many of these agents. The guideline specifically says, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The requested topical analgesic contains Flurbiprofen, an NSAID medication. MTUS guidelines specifically state regarding Non-steroidal anti inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. Likewise, the requested medication is not medically necessary.