

<b>Case Number:</b>	CM15-0035086		
<b>Date Assigned:</b>	03/03/2015	<b>Date of Injury:</b>	11/23/2013
<b>Decision Date:</b>	04/08/2015	<b>UR Denial Date:</b>	02/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2015

### 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 male, who sustained an industrial injury on 11/23/2013. On provider visit dated 01/15/2015 the injured worker has reported cervical spine, lumbar spine and right elbow pain. The diagnoses have included acute cervical strain, L4-L5 and L5-S1 disc bulge and right lateral epicondylitis. Treatment to date included medications and chiropractic treatments. Treatment plan included Flurbiprofen/Lidocaine Cream (20%/5%) 180gm. On examination he was noted to have a decrease range of motion of cervical and lumbar spine, tenderness of in paraspinals muscles. Straight leg raise was positive on the left. Right shoulder revealed tenderness over the lateral epicondyle with full range of motion and right elbow revealed minimal tenderness over the lateral epicondyle and common extensor tendons. On 02/02/2015 Utilization Review non-certified Flurbiprofen/Lidocaine Cream (20%/5%) 180gm. The CA MTUS Chronic Pain Medical Treatment Guidelines and ODG were cited.

### 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 Compounded Medications. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

**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 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. The compound in question contains a topical NSAID (Flurbiprofen). 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. The claimant did not have arthritis. Topical 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). There are diminishing effects after 2 weeks. The claimant had been in other topical analgesics as well for several months in combination with oral NSAIDs. NSAIDs topically can reach the same levels systemically as oral. Long-term use of topical analgesics is not recommended and not proven beneficial. The Flurbiprofen/Lidocaine topical is not medically necessary.