

<b>Case Number:</b>	CM15-0035096		
<b>Date Assigned:</b>	03/03/2015	<b>Date of Injury:</b>	02/27/2003
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	02/03/2015
<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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 39 year old female, who sustained an industrial injury on 02/27/2003. She has reported subsequent neck, back, shoulder, wrist, and arm pain and was diagnosed with cervical spine pain, rule out cervical disc herniation, bilateral shoulder pain, rule out rotator cuff pathology, bilateral arm, wrist and hand pain and rule out bilateral carpal tunnel syndrome. Treatment to date has included oral and topical pain medication and physical therapy. In a progress note dated 01/16/2015, the injured worker complained of neck, back, right shoulder, bilateral wrist and hand pain. Objective findings were notable for diffuse tenderness and spasm of the cervical and lumbar spine. There was decreased sensation on the C6 and C7 dermatomes. A request for authorization of Flurbiprofen/Lidocaine cream was made. The medications listed are Flexeril, and Naproxen. On 02/03/2015, Utilization Review non-certified a request for Flurbiprofen/Lidocaine cream, noting that there was no documentation of a trial of first line therapy. MTUS guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Topical Analgesic Products.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that topical analgesic products can be utilized for the treatment of localized neuropathic pain when treatment with first line anticonvulsant and antidepressant medications. The records did not show subjective or objective findings consistent with localized neuropathy such as CRPS. The diagnosis of cervical radiculopathy responds to oral anticonvulsant medications. The records did not show that the patient failed first line oral anticonvulsant and antidepressant medications. The patient is also utilizing oral Ibuprofen concurrently. The utilization of multiple NSAIDs is associated with increased risk of NSAIDs related adverse effects. The criteria for the use of Flurbiprofen 20% / Lidocaine 5% 180gm cream were not met.