

<b>Case Number:</b>	CM15-0035259		
<b>Date Assigned:</b>	03/03/2015	<b>Date of Injury:</b>	04/09/2010
<b>Decision Date:</b>	04/08/2015	<b>UR Denial Date:</b>	02/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2015

### 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

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 52-year-old male, who sustained an industrial injury on April 9, 2010. The injured worker had sustained a neck and low back injury. The diagnoses have included lumbar radiculopathy, right knee chondromalacia patella, cervical disc protrusion and cervical radiculopathy. Treatment to date has included medications, cervical spine surgery times two and a neurological examination. Current documentation dated October 28, 2015 notes that the injured worker complained of constant neck pain radiating to the bilateral upper extremities. Associated symptoms include numbness and tingling. He also reported right knee pain. The pain was rated a nine out of ten on the Visual Analogue Scale. Physical examination of the cervical and lumbar spine revealed tenderness along the paravertebral muscles, spasms and a decreased range of motion. Range of motion of the right knee was also noted to be decreased. On February 18, 2015 Utilization Review non-certified a request for Flurbi NAP cream LA 180 grams, Flurbiprofen 20%-Lidocaine 5%-Amitriptyline 4%. MTUS, Chronic Pain Medical Treatment Guidelines, were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbi NAP cream LA 180gms; Flurbiprofen 20%-Lidocaine 5%-Amitriptyline 4%:**  
Upheld

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

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

**Decision rationale:** The MTUS Chronic Pain Guidelines state that topical analgesics are generally considered experimental as they have few controlled trials to determine efficacy and safety currently. Topical NSAIDs, specifically, have some data to suggest it is helpful for osteoarthritis and tendinitis for at least short periods of time, but there are no long-term studies to help us know if they are appropriate for treating chronic musculoskeletal pain. Topical NSAIDs have not been evaluated for the treatment of the spine, hip, or shoulder. Although some topical analgesics may be appropriate for trial as a secondary agent for neuropathic pain after trials of oral therapies have been exhausted, topical NSAIDs are not recommended for neuropathic pain. The only FDA-approved topical NSAID currently is Voltaren gel (diclofenac). Ketoprofen is not currently one of the topical NSAIDs available that is FDA approved, and it has a high incidence of photocontact dermatitis. All topical NSAID preparations can lead to blood concentrations and systemic effect comparable to those from oral forms and caution should be used for patients at risk, including those with renal failure and hypertension. The MTUS Guidelines for Chronic Pain state that topical lidocaine is not a first-line therapy for chronic pain, but may be recommended for localized peripheral neuropathic pain after there has been evidence of a trial of first-line therapy (including tri-cyclic, SNRI anti-depressants, or an AED such as gabapentin or Lyrica). Topical lidocaine is not recommended for non-neuropathic pain as studies showed no superiority over placebo. In the case of this worker, there was insufficient evidence to support the use of topical flurbiprofen/lidocaine/amitriptyline chronically. Any form of NSAID oral or topical is not to be used chronically as the side effect profile discourages this. Also, cervical radiculopathy is not an indication for lidocaine as it is not recommended for spinal-based pain. Therefore, the combined topical analgesic: flubiprofen/lidocaine/amitriptyline cream will be considered medically unnecessary and inappropriate to continue on a regular basis.