

<b>Case Number:</b>	CM15-0035870		
<b>Date Assigned:</b>	03/04/2015	<b>Date of Injury:</b>	05/16/2013
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	02/04/2015
<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, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### 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 female, who sustained an industrial injury on 05/16/2013. On progress report 02/20/2015 the injured worker has reported cervical spine and lower back pain. On examination, she was noted to have a decreased range of motion of cervical spine and lumbar spine, with tenderness to the paraspinals and tenderness to trapezius muscles. Shoulder depression was positive. Spurling test was positive on the right. Thoracic spine revealed tenderness to palpation. The diagnoses have included headaches secondary to cervical pain, chronic cervicothoracic strain, and chronic lumbar strain rule out herniated nucleus pulposus, bilateral upper extremity overuse syndrome, and bilateral lower extremity pain with radiculitis of the left leg. Treatment plan to included scheduling a rheumatology consult, TENS until patches and Flurbiprofen and Lidocaine. On 02/03/2015 Utilization Review non-certified Flurbiprofen/Lidocaine cream (20%/5%) 180gm. The CA 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:

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

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111); topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no clear evidence that the patient failed or was intolerant to first line of oral pain medications. There is no documentation that all component of the prescribed topical analgesic is effective for the treatment of chronic pain. Flurbiprofen is not recommended by MTUS guidelines. Therefore, Flurbiprofen/Lidocaine cream (20%/5%) 180gm is not medically necessary.