

<b>Case Number:</b>	CM15-0037259		
<b>Date Assigned:</b>	03/05/2015	<b>Date of Injury:</b>	09/18/2013
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2015

### 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: Maryland, District of Columbia  
Certification(s)/Specialty: Internal 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 66 year old female who sustained an industrial injury on 09/18/2013. Current diagnoses include chronic lumbar strain rule out disc herniation, right lower extremity radiculopathy, and slightly impaired gait secondary to lower back pain. Previous treatments included medication management. Report dated 02/02/2015 noted that the injured worker presented with complaints that included lumbar spine pain. Pain level was rated as 7 out of 10 on the visual analog scale (VAS) with medication. Physical examination was positive for abnormal findings. Utilization review performed on 02/13/2015 non-certified a prescription for flurbiprofen/lidocaine cream (20%/5%), based on the clinical information submitted does not support medical necessity. The reviewer referenced the California MTUS in making this decision.

### 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 Analgesics Page(s): 111.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112-113.

**Decision rationale:** The employee was being treated for back pain with history of injury on 09/18/2013. The progress note from 02/02/15 was reviewed. She had persistent pain in the lumbar spine at 8-9/10. The pain was made better with rest and medications. She was not working. Pertinent lumbar spine examination included marked tenderness to palpation over the lower lumbar paraspinal muscles, limited lumbar spine range of motion, Diagnoses included chronic lumbar strain, rule out disc herniation, right lower extremity radiculopathy and impaired gait secondary to lower back pain. The plan of care included Norco and Flurbiprofen/Lidocaine cream pending lumbar spine ESI in three days. According to MTUS, Chronic Pain Medical treatment guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Topical Lidocaine is recommended only as a dermal formulation like Lidoderm patch and the other topical forms are not FDA approved for neuropathic pain and are approved only as local anesthetic or antipruritic. In addition, topical NSAIDs like Flurbiprofen are not FDA approved and are indicated for short term treatment of osteoarthritis and tendinitis of knee, elbow, ankle and other joints that are amenable to topical treatments. The employee had back pain which was not one of the small joints and hence the combination Flurbiprofen/Lidocaine topical cream is not medically necessary or appropriate.