

<b>Case Number:</b>	CM15-0041925		
<b>Date Assigned:</b>	03/12/2015	<b>Date of Injury:</b>	10/30/2007
<b>Decision Date:</b>	04/21/2015	<b>UR Denial Date:</b>	02/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2015

### 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 60-year-old female, who sustained an industrial injury on October 30, 2007. The injured worker was diagnosed as having acute cervical strain, acute lumbar strain, bilateral carpal tunnel syndrome severe with right worse than left, and left wrist malunion secondary to fall, secondary to right foot previous work related injury. Treatment to date has included physical therapy, splinting, and medication. Currently, the injured worker complains of neck, lower back, bilateral wrist, and hand pain. The Primary Treating Physician's report dated January 14, 2015, noted the injured worker reporting an improvement in bilateral hand pain with physical therapy, ready to go back to work with restrictions. Examination of the cervical spine revealed tenderness in the midline with limited range of motion (ROM) due to pain, hypertonic paraspinal musculature, and a positive cervical compression test. Examination of the right wrist revealed positive Tinel's and Phalen's with tenderness over the carpal tunnel, and decreased sensation in the right medial nerve distribution. Examination of the left wrist revealed malunion deformity with limited range of motion (ROM) due to pain. Examination of the lumbar spine revealed decreased range of motion (ROM), tenderness to the paraspinals and midline, and positive Kemp's sign bilaterally. The Physician requested authorization for Flurbiprofen/Lidocaine cream in an attempt to control the injured worker's pain further and increase functionality.

### 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.

**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 evidence that Flurbiprofen or any other compound of the topical analgesic is recommended as topical analgesics for chronic pain syndrome. Flurbiprofen, a topical analgesic is not recommended by MTUS guidelines. Based on the above, Flurbiprofen/Lidocaine cream (20%/5%) 180gm is not medically necessary.