

<b>Case Number:</b>	CM15-0042030		
<b>Date Assigned:</b>	03/12/2015	<b>Date of Injury:</b>	11/02/2012
<b>Decision Date:</b>	04/22/2015	<b>UR Denial Date:</b>	02/09/2015
<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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 51-year-old female who sustained an industrial injury on 11/02/2012. The injured worker was involved in a motor vehicle accident, which resulted in neck, upper back, lower back pain and shooting pain with numbness and tingling in the left upper extremity. Diagnoses include bilateral carpal tunnel syndrome-moderate, bilateral elbow pain; status post left wrist carpal tunnel release, and lumbar sprain/strain. Treatment to date has included medications, physical therapy, chiropractic treatment, and wrist brace. A physician progress note dated 01/19/2015 documents the injured worker has worsening pain in her right arm, shoulder, elbow and wrist. She has persistent lower back, bilateral shoulders, bilateral elbow and wrist, all rated at 8 out of 10 on a pain scale of 1 to 10. She takes Ibuprofen for pain which brings her pain down to a 6 out of 10 but she is complaining of heartburn secondary to Ibuprofen use. She will continue the use of Omeprazole 20mg twice a day and treatment requested is for Cream - Flurbiprofen 20%/Lidocaine 5%, 180 grams. This would be an attempt to discontinue use of Ibuprofen and also the need for the stomach medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cream - flurbiprofen 20%/Lidocaine 5%, 180 grams:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111 - 113.

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

**Decision rationale:** The patient presents with pain in lower back, bilateral shoulders, bilateral elbow and wrist all rated at 8/10. The request is for FLURBIPROFEN 20% LIDOCAINE 5% 180 GRAMS. The request for authorization is dated 01/28/15. She is complaining that the right arm, shoulder, elbow and wrist are worsening. The pain is made better with rest and medication, and made worse with weather and activities. The patient is to start her physical therapy on 01/20/15. She is taking Ibuprofen and it helps her pain all the way down to 6/10, but is complaining of heartburn secondary to Ibuprofen use. She will continue Omeprazole. The patient is not working. The MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Recommended as an option as indicated below. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Non-steroidal antiinflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. Gabapentin: Not recommended. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product. Per progress report dated, 01/19/15, treater's reason for the request is "she has tried Prilosec in the past with her NSAID use. However, she is still complaining of G.I. upset secondary to the Ibuprofen use. This would be an attempt to discontinue the need for the stomach medication, as well as the Ibuprofen." In this case, the treater does not document or discuss this patient presenting with arthritis/tendinitis for which the Flurbiprofen component of this topical medication would be indicated. Additionally, this topical cream contains Lidocaine, and MTUS does not support any formulation of Lidocaine other than a patch. Therefore, the request IS NOT medically necessary.