

<b>Case Number:</b>	CM15-0043768		
<b>Date Assigned:</b>	03/13/2015	<b>Date of Injury:</b>	07/22/2013
<b>Decision Date:</b>	04/22/2015	<b>UR Denial Date:</b>	02/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/09/2015

### 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: Texas, California

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:

This is a 58-year-old male patient who sustained an industrial injury on 7/22/13. Diagnoses include depression; anxiety; irritability; lumbar disc protrusion; lumbar muscle spasms; lumbar musculoligamentous injury; lumbar pain; insomnia. Per the doctor's note dated 2/17/2015, he had complaints of low back pain. The physical examination revealed limited range of motion and positive straight leg raising test at 60 degrees bilaterally. The current medications list includes naprosyn, tramadol, prilosec and norco. Transdermal creams were not helpful. He has had diagnostics studies include MRI lumbar spine dated 2/20/15, which revealed degenerative disc disease. He has had physical therapy; massage which offer temporary pain relief; interferential unit which decreases spasms and pain, home exercise program, acupuncture and rest for this injury.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transdermal cream: Flurbiprofen20%/Lidocaine 5%/Amitriptyline 5%, 240mg:** Upheld

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

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

**Decision rationale:** Request: Transdermal cream: Flurbiprofen20%/Lidocaine 5%/Amitriptyline 5%, 240mg. The MTUS Chronic Pain Guidelines regarding topical analgesics state, Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, and antidepressants). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical NSAIDs- There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended, as there is no evidence to support use. Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Non-neuropathic pain: Not recommended. MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Failure of antidepressants and anticonvulsants for this injury is not specified in the records provided. Intolerance to oral medication is not specified in the records provided. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Flurbiprofen and amitriptyline are not recommended by MTUS for topical use as cited below because of the absence of high-grade scientific evidence to support their effectiveness. The medical necessity of Transdermal cream: Flurbiprofen20%/Lidocaine 5%/Amitriptyline 5%, 240mg is not fully established for this patient. Therefore, the request is not medically necessary.