

<b>Case Number:</b>	CM15-0044178		
<b>Date Assigned:</b>	03/16/2015	<b>Date of Injury:</b>	11/29/2011
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	02/20/2015
<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: California, Hawaii  
 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 42 year old female, who sustained an industrial injury on 11/29/2011. On provider visit dated 01/19/2015 the injured worker has reported neck pain that radiates to both shoulders and down bilateral upper extremities, right elbow pain, right hand pain, and upper abdominal pain. On examination of the neck revealed tenderness of the cervical intervertebral spaces and paravertebral muscles. Left and right shoulders were noted to have tenderness over all aspects bilaterally with a decreased range of motion. The elbows revealed tenderness over the medial and lateral humeral epicondyle and the ulnar grooves bilaterally. Ranges of motion of the elbows were noted as decreased. The diagnoses have included myoligamentous strain of the cervical spine, inflammatory process of the left shoulder and right shoulder, right lateral epicondylitis, status post re construction of the right lateral epicondyle and depression. Treatment to date has included laboratory studies, H-wave machine, psychiatric therapy and oral pain medication and flurbiprofen transdermal cream. On 09/10/2014 a MRI of the right elbow without contrast revealed small irregular and thickened portion of the radial collateral ligament seen posteriorly compatible with moderate to high grade tear and mild thickening and increased signal at the origin of the common extensor tendon compatible with mild tendinosis. The provider requested Retrospective Flurbiprofen 25%/Lidocaine 5%, Menthol 5%, Camphor 1% #1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Flurbiprofen 25%/Lidocaine 5%, Menthol 5%, Camphor 1% #1:** Upheld

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

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

**Decision rationale:** The patient presents with pain affecting the neck, bilateral shoulders, right elbow, right hand, and the upper abdominal. The current request is for Retrospective Flurbiprofen 25%/ Lidocaine 5%, Menthol 5%, Camphor 1% #1. The treating physician states in the report dated 1/19/15, "The patient has been advised to continue present care with medications, transdermal cream, and the H-Wave machine. Dispensed Flurbiprofen 25%/ Lidocaine 5%, Menthol 5%, Camphor 1% transdermal cream." (11B) The MTUS guidelines on page 112 on topical lidocaine states, "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), however Lidocaine is only supported in patch formulation not cream or gel. A review of the reports provided shows no discussion of failure of prior first line therapy prior to the request of this topical product and other first line therapies have been beneficial to the patient. Additionally this compounded topical analgesic contains Lidocaine which is not supported by MTUS. The current request is not medically necessary.