

<b>Case Number:</b>	CM15-0046297		
<b>Date Assigned:</b>	03/18/2015	<b>Date of Injury:</b>	04/08/2013
<b>Decision Date:</b>	04/23/2015	<b>UR Denial Date:</b>	03/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2015

### 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  
 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:

The injured worker is a 38 year old female who sustained an industrial injury to her lower back on April 8, 2013. The injured worker was diagnosed with low back pain, rule out lumbar bulging disc. A lumbar magnetic resonance imaging (MRI) was performed in June 2013. According to the primary treating physician's progress report on February 20, 2015, the injured worker continues to experience low back pain. There was no change since the last visit. Examination of the lumbar spine demonstrated diffuse tenderness and spasm with normal gait, normal reflexes, sensation and motor strength. According to the medical records the injured worker has had extensive physical therapy, acupuncture therapy and epidural steroid injection (ESI) times two, last procedure in December 2014, with worsening of pain. Urine toxicology was performed. Medications consist of Naproxen, Tramadol, Flexeril, Norco, Soma, Prilosec and topical analgesics. Treatment plan was for prescribed medications, current work schedule with restrictions, daily walking, and exercise and weight loss. The requested treatment is for topical analgesics.

### 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%) 180grams #1: 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): 111-113.

**Decision rationale:** The MTUS Chronic Pain Guidelines state that topical analgesics are generally considered experimental as they have few controlled trials to determine efficacy and safety currently. Topical NSAIDs, specifically, have some data to suggest it is helpful for osteoarthritis and tendinitis for at least short periods of time, but there are no long-term studies to help us know if they are appropriate for treating chronic musculoskeletal pain. Topical NSAIDs have not been evaluated for the treatment of the spine, hip, or shoulder. Although some topical analgesics may be appropriate for trial as a secondary agent for neuropathic pain after trials of oral therapies have been exhausted, topical NSAIDs are not recommended for neuropathic pain. The only FDA-approved topical NSAID currently is Voltaren gel (diclofenac). Ketoprofen is not currently one of the topical NSAIDs available that is FDA approved, and it has a high incidence of photocontact dermatitis. All topical NSAID preparations can lead to blood concentrations and systemic effect comparable to those from oral forms and caution should be used for patients at risk, including those with renal failure and hypertension. The MTUS Guidelines for Chronic Pain also state that topical lidocaine is not a first-line therapy for chronic pain, but may be recommended for localized peripheral neuropathic pain after there has been evidence of a trial of first-line therapy (including tri-cyclic, SNRI anti-depressants, or an AED such as gabapentin or Lyrica). Topical lidocaine is not recommended for non-neuropathic pain as studies showed no superiority over placebo. In the case of this worker, there was insufficient evidence presented to suggest taking the flurbiprofen/lidocaine topical cream was providing any significant pain reduction or functional gain as this report was not found in the progress notes provided for review. Also, there was use of an oral NSAID which is redundant therapy and not without risks if used chronically. Also, the lidocaine cannot be justified as there was no record provided which showed evidence of having tried and failed first-line therapy for neuropathic pain, for which lidocaine is recommended. Therefore, considering all of the above, the flurbiprofen/lidocaine cream will be considered medically unnecessary to continue. Therefore, the request is not medically necessary.