

<b>Case Number:</b>	CM15-0047358		
<b>Date Assigned:</b>	03/19/2015	<b>Date of Injury:</b>	03/25/2013
<b>Decision Date:</b>	04/24/2015	<b>UR Denial Date:</b>	02/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2015

### 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 male sustained an industrial injury to the left ankle on 3/25/13. Previous treatment included left ankle arthroscopy, walking boot, magnetic resonance imaging, physical therapy and medications. The injured worker subsequently developed ongoing low back pain. In a PR-2 dated 1/23/15, the injured worker complained of persistent low back pain rated 2/10 on the visual analog scale and left ankle pain 3-5/10. Physical exam was remarkable for lumbar spine with tenderness to palpation to the paraspinal musculature with limited range of motion and decreased sensation in the left L5 distribution and left ankle with mild effusion, some crepitation upon passive range of motion and tenderness to palpation over the anterior tibiotalar joint. Current diagnoses included grade III left ankle sprain, compensatory chronic lumbar strain from gait abnormality and left L5 numbness. The treatment plan included continuing Norco and requesting authorization for Flurbiprofen/Lidocaine cream 20%/5% 180gm 1 tube. The physician noted that the injured worker could not take NSAIDs secondary to gastrointestinal upset. The medication list includes Norco and Protonix. The patient's surgical history include left ankle surgery on 2/4/14.

### 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 1 tube: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain - Topical Analgesics, pages 111-112, Topical Analgesics.

**Decision rationale:** Request: Flurbiprofen/Lidocaine cream 20%/5% 180gm 1 tube. According to the MTUS Chronic Pain Guidelines, regarding topical analgesics state that the use of topical analgesics is "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." Non-steroidal ant inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. 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. Non FDA-approved agents: Ketoprofen: This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photo contact dermatitis. MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Any trial of antidepressants and anticonvulsants for these symptoms were not specified in the records provided. Intolerance or contraindication to oral medications was not specified in the records provided. Evidence of diminished effectiveness of oral medications was not specified in the records provided. As per cited guideline: 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. The medication Flurbiprofen is a NSAID. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical Flurbiprofen are not recommended by MTUS. The medical necessity of the medication Flurbiprofen/Lidocaine cream 20%/5% 180gm 1 tube is not fully established in this patient. Therefore, the request is not medically necessary.