

<b>Case Number:</b>	CM15-0048162		
<b>Date Assigned:</b>	03/20/2015	<b>Date of Injury:</b>	11/16/2012
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	02/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/13/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 47-year-old male, who sustained an industrial injury on November 16, 2012. The injured worker had reported low back, left shoulder and right ankle pain. The diagnoses have included head and face trauma, left shoulder tendinosis, right knee contusion, lumbar central disc protrusion, right lower extremity radiating pain and right ankle extra-articular talar fibro-cartilaginous coalition. Treatment to date has included medications, radiological studies and a transcutaneous electrical nerve stimulation unit. Current documentation dated February 25, 2015 notes that the injured worker reported persistent low back, left shoulder and right ankle pain. The injured worker also reported right upper quadrant abdominal pain. Physical examination of the lumbar spine revealed tenderness to palpation and limited flexion secondary to severe pain. Examination of the left shoulder revealed tenderness to palpation, decreased range of motion and decreased strength. Right ankle examination revealed tenderness of the lateral malleoli and a very limited range of motion in all planes. The treating physician's plan of care included a request for a top cream, Flurbiprofen 20% and Lidocaine 5 % for pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen 20%, lidocaine 5% 180 gram cream: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111, 112, 113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111, 113.

**Decision rationale:** The attached progress note dated February 11, 2015 indicates that the injured employee has shoulder and ankle pain and is unable to tolerate oral anti-inflammatory medications due to gastrointestinal upset. The California MTUS guidelines only support the use of topical NSAIDs for the treatment of osteoarthritis and tendinitis for joints amenable to treatment. There are no studies regarding efficacy of this medication for the shoulder. Furthermore, there is no diagnosis of osteoarthritis or tendinitis of the ankle but rather tibial neuritis. Regarding topical lidocaine, MTUS states (p112) "Non-neuropathic pain: Not recommended. There is only one trial that tested 4% lidocaine for treatment of chronic muscle pain. The results showed there was no superiority over placebo." (Scudds, 1995) As there is no indication for the usage of topical flurbiprofen and lidocaine for the injured employee, this request is not medically necessary. Regarding the use of multiple medications, MTUS p60 states, "Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005) The recent AHRQ review of comparative effectiveness and safety of analgesics for osteoarthritis concluded that each of the analgesics was associated with a unique set of benefits and risks, and no currently available analgesic was identified as offering a clear overall advantage compared with the others." Therefore, it would be optimal to trial each medication individually and the request is not medically necessary.