

<b>Case Number:</b>	CM15-0048365		
<b>Date Assigned:</b>	03/20/2015	<b>Date of Injury:</b>	08/18/2009
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/11/2015
<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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 63 year old male who sustained an industrial injury on August 18, 2009. He has reported lower back, bilateral knee, and bilateral hip pain and has been diagnosed with lumbar disc herniation, bilateral hip pain and numbness, and bilateral knee osteoarthritis, status post left total knee replacement. Treatment has included medication, physical therapy, aquatic therapy, and injections. Currently the injured worker complains of persistent pain in the lower back at 5/10 that was frequent to constant and radiated down his right lower leg. The treatment request was for flurbiprofen/lidocaine topical analgesic cream (20/5/5%).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen/Lidocaine topical analgesic cream 20/5/5%:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p60 (2) Topical Analgesics, p111-113 Page(s): 60, 111-113.

**Decision rationale:** The claimant is more than 5 years status post work-related injury and continues to be treated for chronic low back and lower extremity pain. Treatments have include a left total knee replacement and a right total knee replacement is being considered. Compounded topical preparations of flurbiprofen are used off-label (non-FDA approved) and have not been shown to be superior to commercially available topical medications such as diclofenac. In this case, there is no evidence of a trial of topical diclofenac and therefore the requested topical medication is not medically necessary.