

<b>Case Number:</b>	CM15-0055499		
<b>Date Assigned:</b>	03/30/2015	<b>Date of Injury:</b>	08/17/1992
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/23/2015

### 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

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 65 year old male, who sustained an industrial injury on 08/17/1992. The injured worker is currently diagnosed as having severe cervical disc disease with bilateral upper extremity radiculopathy, severe lumbar disc disease with bilateral lower extremity radiculopathy, and bilateral upper extremity atrophy. Treatment to date has included psychotherapy, left shoulder MRI, lumbar spine MRI, cervical spine MRI, and medications. In a progress note dated 02/04/2015, the injured worker presented with complaints of cervical spine, lumbar spine, and left shoulder pain. The treating physician reported requesting authorization for Flurbiprofen/Lidocaine cream.

### 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:** 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 analgesic Page(s): 111-113.

**Decision rationale:** The patient presents with cervical spine, lumbar spine, and left shoulder pain, rated 9-10/10. The request is for Flurbiprofen/Lidocaine Cream (20%/5%) 180 gm. There is no RFA provided and the date of injury is 08/17/92. Per 02/04/15 report, the patient has a diagnosis of severe cervical disc disease with bilateral upper extremity radiculopathy, severe lumbar disc disease with bilateral lower extremity radiculopathy, and bilateral upper extremity atrophy. Physical examination to the cervical spine revealed tenderness to palpation bilaterally over the upper trapezius muscles. There is full range of motion. Examination of the lumbar spine revealed tenderness to palpation with bilateral lower paraspinal muscles. Decreased range of motion with limited flexion at 45 degrees with pain. Patient has an antalgic gait pattern and utilizes a single-point cane. Treatment to date has included psychotherapy, left shoulder MRI, lumbar spine MRI, cervical spine MRI, and medications. The patient is temporarily totally disabled. The MTUS has the following regarding topical creams (p111, chronic pain section): Lidocaine Indication: Neuropathic pain 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). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Per 02/04/15 report, treater states, "I would like to request the Flurbiprofen/Lidocaine cream in attempt to control his pain further and reduce the intake of oral narcotic medication." In this case, the requested topical compound contains Lidocaine, which is not supported for topical use in lotion or cream form. Therefore, the request is not medically necessary.