

<b>Case Number:</b>	CM15-0057503		
<b>Date Assigned:</b>	04/02/2015	<b>Date of Injury:</b>	09/22/2003
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	03/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2015

### 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, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### 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 67-year-old male, with a reported date of injury of 09/22/2003. The diagnoses include status post anterior lumbar interbody fusion, with residual and chronic low back pain. Treatments to date have included Norco, and a Toradol injection. The progress report dated 02/05/2015 indicates that the injured worker had ongoing complaints of low back pain. He recently had an acute exacerbation of his back pain. The objective findings include tenderness about the lower lumbar paravertebral musculature, decreased lumbar range of motion, and a negative bilateral sitting straight leg raise test. The treating physician requested Lidocaine/Flurbiprofen 120 grams with two refills as needed for acute exacerbations.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Topical cream Lidocaine - Flurbiprofen 120gm with 2 refills:** 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.

**Decision rationale:** According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no clear evidence that the patient failed or was intolerant to first line of oral pain medications. There is no documentation that all component of the prescribed topical analgesic is effective for the treatment of chronic pain. Flurbiprofen is not recommended by MTUS guidelines. Therefore, Topical Cream- Flurbiprofen/Lidocaine 120gm, with 2 refills is not medically necessary.