

<b>Case Number:</b>	CM15-0084693		
<b>Date Assigned:</b>	05/07/2015	<b>Date of Injury:</b>	03/24/2015
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	04/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/04/2015

### 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 44-year-old male, who sustained an industrial injury on March 24, 2015, incurring left knee, right hip and back injuries after a falling five feet from a ladder. Diagnostic imaging of hip, pelvis and knees performed were unremarkable. He was diagnosed with a lumbar strain, right hip contusion and strain and left knee strain. Treatment included physical therapy, pain medications, anti-inflammatory drugs, topical analgesics, and work restrictions. Currently, the injured worker complained of persistent low back pain and right hip pain. The treatment plan that was requested for authorization included a prescription for FlurLido A cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FlurLido A cream (Flurbiprofen 20%/Lidocaine 5%/Amitriptyline 5%) 180 grams:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** Based on the 04/14/15 progress report provided by treating physician, the patient presents with pain to low back, right hip and left knee. The request is for Flurlido A Cream (Flurbiprofen 20%/Lidocaine 5%/Amitriptyline 5%) 180 Grams. Patient's diagnosis per Request for Authorization form dated 04/15/15 includes lumbar spine strain/sprain, right hip sprain/strain, right hip contusion, left knee strain/sprain, and fall from ladder. Physical examination to the lumbar spine on 04/14/15 revealed myospasm and tenderness to palpation to the paraspinal muscles. Range of motion was decreased, especially on extension 15 degrees. Tenderness to palpation noted to right hip, ASIS, and lateral joint line of left knee. Treatment included physical therapy, pain medications, anti-inflammatory drugs, topical analgesics, and work restrictions. The patient may return to modified work, per 05/04/15 report. Treatment reports were provided from 04/07/15 - 05/04/15. The MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Recommended as an option as indicated below. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Gabapentin: Not recommended. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product. 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." Treater has not provided reason for the request, nor indicated body part that would be addressed. The patient does present with knee pain for which NSAID portion of the topical would be indicated. However, MTUS page 111 states that if one of the compounded topical product is not recommended, then the entire product is not. In this case, the requested topical compound contains Lidocaine, which is not supported for topical use in lotion form per MTUS. Therefore, the request is not medically necessary.