

<b>Case Number:</b>	CM15-0088765		
<b>Date Assigned:</b>	05/13/2015	<b>Date of Injury:</b>	01/11/2011
<b>Decision Date:</b>	06/12/2015	<b>UR Denial Date:</b>	04/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2015

### 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 York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

### 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 53 year old female, who sustained an industrial injury on 1/11/11. She reported bilateral wrist pain. The injured worker was diagnosed as having multilevel disc disease of the cervical spine with severe neuroforaminal narrowing at C5-6, moderate bilateral neuroforaminal narrowing at C6-7, bilateral upper extremity radicular pain, bilateral wrist paresthesia, and rule out carpal tunnel versus cervical radiculopathy. Treatment to date has included physical therapy, TENS, bilateral wrist braces, bilateral wrist injections, and medication. A physician's report dated 3/18/15 noted neck pain was rated as 4-5/10 and wrist pain was rated as 7-8/10. Pain was decreased to 4/10 with the use of Tramadol. Currently, the injured worker complains of pain and stiffness in the neck that radiates to both hands with numbness, tingling, and weakness. The treating physician requested authorization for Flurbiprofen 20% /Lidocaine 5% cream 180g.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen/Lidocaine Cream (20 Percent/5 Percent) 180 Gram: Upheld**

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

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

**Decision rationale:** The patient is a 53 year old female with bilateral wrist pain from an injury on 01/11/2011. She had neck pain and stiffness that radiates to both hands with tingling and weakness. MTUS, chronic pain guidelines for topical analgesics note that if an active ingredient is not recommended than the entire compound topical analgesic medication is not recommended. The requested compound topical analgesic contains Lidocaine 5% cream which is not recommended; thus the requested compound topical analgesic medication is not medically necessary. Also, the guidelines note that the support for topical NSAIDS is limited. Lidocaine cream is not medically necessary.