

<b>Case Number:</b>	CM14-0139925		
<b>Date Assigned:</b>	10/08/2014	<b>Date of Injury:</b>	05/26/2000
<b>Decision Date:</b>	11/14/2014	<b>UR Denial Date:</b>	08/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is a 77-year-old female with date of injury 05/26/2000. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 06/24/2014, lists subjective complaints as bilateral knee pain, right hip, thigh, and low back and neck pain. Objective findings: Lumbar spine: tenderness in the lower lumbar paravertebral musculature. Forward flexion was 40 degrees, extension 10 degrees, and lateral bending to 30 degrees. Bilateral knees: tenderness along the medial and lateral joint lines, subpatella crepitation with range of motion, and pain with deep flexion. Right hip: pain with flexion, internal and external rotation. Cervical spine: tenderness to palpation in the posterior cervical and bilateral trapezial musculature. Forward flexion was to within 1 fingerbreadth of chin to chest, extension to 10 degrees, and lateral rotation to 60 degrees bilaterally. Diagnosis: 1. Bilateral knee arthritis 2. Status post right total hip arthroplasty, with component loosening 3. Lumbar spondylosis 4. Cervical degenerative dis disease. The medical records supplied for review document that the patient had not been prescribed the following medication before the date of the request for authorization on 06/24/2014. Medications: 1. Lidocaine 5%/Flurbiprofen 20%, 120 grams SIG: topically twice daily.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidocaine 5%/Flurbiprofen 20%, 120gms with 2 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

**Decision rationale:** According to the MTUS, there is little to no research to support the use of many of these Compounded Topical Analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The efficacy in clinical trials for non-steroidal anti-inflammatory agents (NSAIDs) has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. The compounded medication requested is not recommended by the MTUS; therefore, Lidocaine 5%/Flurbiprofen 20%, 120gms with 2 refills is not medically necessary.