

<b>Case Number:</b>	CM15-0115625		
<b>Date Assigned:</b>	06/23/2015	<b>Date of Injury:</b>	10/11/2006
<b>Decision Date:</b>	07/23/2015	<b>UR Denial Date:</b>	06/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/15/2015

### 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 51 year old male who sustained an industrial injury on 10/11/06. Primary treating physician's progress report dated 5/11/15 reports the injured worker with persistent pain in the neck, lower back and right shoulder rated a 3-4/10 is slightly improving. The left wrist, left hand, left knee and left hip are all 2/10. The pain is made better with rest and medication and worse with activities. Work status is retired. Diagnoses include cervicogenic disc disease, cervical osteophyte at C4-5, C5-6 and C6-7, neural foraminal stenosis at C5-6 and C6-7, lumbar disc disease, lumbar disc herniation, right shoulder rotator cuff tear and status post repair and right shoulder tendinosis. Plan of care includes: request authorization for Flurbiprofen/Lidocaine cream (20%/5%) 180 gm apply thin layer 2-3 times per day to control pain and wean him from narcotics, prescription given for Norco. Follow up in 3 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen 20%/ Lidocaine 5%, 180 gm (Express Scripts): Upheld**

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

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

**Decision rationale:** Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with multiple joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic to include a compounded NSAID and Lidocaine over oral formulation for this chronic injury without documented functional improvement from treatment already rendered. Guidelines do not recommend long-term use of NSAID without improved functional outcomes attributable to their use. Additionally, Guidelines do not recommend long-term use of Lidocaine for this chronic injury without improved functional outcomes attributable to their use. The Flurbiprofen 20%/ Lidocaine 5%, 180 gm (Express Scripts) is not medically necessary and appropriate.