

<b>Case Number:</b>	CM15-0120646		
<b>Date Assigned:</b>	07/01/2015	<b>Date of Injury:</b>	03/30/2015
<b>Decision Date:</b>	08/04/2015	<b>UR Denial Date:</b>	06/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/22/2015

### 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, North Carolina  
 Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

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

This is a 37 year old male with a March 30, 2015 date of injury. A progress note dated May 28, 2015 documents subjective complaints (lower back pain radiating to the left leg and right shoulder; lower back pain that radiates to the thoracic spine; right shoulder pain that radiates to the neck), objective findings (decreased range of motion of the lumbar spine; tenderness to palpation of the bilateral sacroiliac joints and L5-S1 spinous processes; decreased range of motion of the right shoulder; tenderness to palpation of the anterior shoulder and posterior shoulder), and current diagnoses (rotator cuff sprain; shoulder sprain; lumbar spine sprain/strain; lumbar disc displacement; radicular syndrome of the lower limbs). Treatments to date have included medications, imaging studies, and physical therapy. The treating physician documented a plan of care that included Flurbi Nap Cream LA #1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbi Nap Cream LA #1:** 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): 111-113.

**Decision rationale:** The request is for Flurbi (NAP) cream, which contains Flurbiprofen (an NSAID), Lidocaine and Amitriptyline. Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. This preparation contains Lidocaine, which is only recommended in the form of a dermal patch. Flurbiprofen and Amitriptyline are not recommended for topical use. Therefore, this topical preparation is not medically necessary or appropriate.