

<b>Case Number:</b>	CM15-0123429		
<b>Date Assigned:</b>	07/07/2015	<b>Date of Injury:</b>	07/28/2014
<b>Decision Date:</b>	09/15/2015	<b>UR Denial Date:</b>	06/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2015

### 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: Emergency Medicine

### 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 42 year old male injured worker suffered an industrial injury on 07/28/2014. The diagnoses included left fracture ankle/foot/and left ankle sprain/strain. The injured worker had been treated with medication. On 5/27/2015 the treating provider reported complaints of aching, numbness and pain to the left foot/ankle. The discomfort was constant with weakness to the muscles of the left foot. The pain improved with medication and physical therapy. The pain was rated at 7/10 and at worst 8/10 with pain at the least 6/10 being severe pain. The injured worker used a cane for mobility. On exam there was reduced range of motion to the left ankle with tenderness. The injured worker had not returned to work. The treatment plan included Flurbi Nap Cream LA Compound.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbi Nap Cream LA Compound:** Upheld

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

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

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines for Compounded topical analgesics stated that any compound product that contains at least 1 drug (or drug class) that is not recommended, is not recommended. Topical lidocaine, in the formulation of a dermal patch Lidoderm patch the only commercially approved topical formulations of lidocaine for indicated neuropathic pain. For non-neuropathic pain, lidocaine is not recommended. The requested formulation is an ointment and not the approved patch. The only FDA approved Lidocaine preparation is Lidoderm. Therefore Flurbi Nap Cream LA Compound is not medically necessary.