

<b>Case Number:</b>	CM15-0128586		
<b>Date Assigned:</b>	07/15/2015	<b>Date of Injury:</b>	08/29/2014
<b>Decision Date:</b>	08/13/2015	<b>UR Denial Date:</b>	06/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2015

### 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: Preventive Medicine, Occupational 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 injured worker is a 39 year old female, who sustained an industrial injury on 08/29/2014. On provider visit dated the injured worker has reported cervical spine, right shoulder, right wrist and right hand. On examination of the cervical spine revealed a decreased range of motion, and tenderness on the paraspinals. Positive Spurling's on the right. Right shoulder examination was decreased range of motion and hypertonicity over the trapezius muscles. Positive Hawkins impingement and Neer's impingement was noted. Right wrist revealed decrease range of motion was noted. Positive Phalen's test and Finkelstein's test was noted on the right. The diagnoses have included cervical disc herniation, right carpal tunnel syndrome, right upper extremity radicular pain and right shoulder sprain-strain. The injured worker was noted to be working with restrictions. Treatment to date has included Advil, Tylenol #3 and Lidoderm patches. Current medication regimen was noted not to be effective. The provider requested flurbiprofen/lidocaine cream (20%/5%) 180 gm.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen/lidocaine cream (20%/5%) 180gm:** Upheld

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

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

**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. Flurbiprofen topical is not supported by the MTUS. Flurbiprofen/lidocaine cream (20%/5%) 180gm is not medically necessary.