

<b>Case Number:</b>	CM15-0129119		
<b>Date Assigned:</b>	07/15/2015	<b>Date of Injury:</b>	07/09/2012
<b>Decision Date:</b>	08/17/2015	<b>UR Denial Date:</b>	06/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2015

### 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: 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:

The injured worker is a 28-year-old female, who sustained an industrial injury on 7/09/2012. The mechanism of injury was not noted. The injured worker was diagnosed as having cervical sprain, right shoulder sprain, depression, insomnia, and lumbar sprain-strain. Treatment to date has included diagnostics, physical therapy, cervical injections, and medications. Currently, the injured worker complains of low back pain, cervical spine pain radiating down the right upper extremity, and headaches. Her pain was not rated. Current medication regimen was not noted. The treatment plan included a prescription for Flurbiprofen 20%-Lidocaine 5%. Her work status was total temporary disability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen 20%/Lidocaine 5%, 120 grams:** Upheld

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

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

**Decision rationale:** This patient receives treatment for chronic pain involving the neck, R shoulder, and lower back. This relates back to a work-related injury on 07/09/2012. The medical problems include cervical disc disease with radiation, R shoulder sprain, and headaches. On physical exam there was a positive cervical compression test, R sided paralumbar tenderness, and tenderness on palpation to the paracervical muscles. This review addresses a request for a compounded topical analgesic medication. Topical analgesics are considered experimental in use, because clinical trials have failed to show efficacy. In addition, if a compounded product contains at least one drug or drug class that is not recommended, then that compounded product cannot be recommended. This medication contains flurbiprofen, an NSAID. NSAIDs are not medically indicated in their topical form to treat chronic pain. Clinical studies have failed to show adequate pain relief when NSAIDs are used in their topical form. Lidocaine is an anesthetic. It may be medically indicated as a second line agent to treat some cases of peripheral neuropathy, which this patient does not have. Based on the documentation, this compounded topical analgesic is not medically indicated.