

<b>Case Number:</b>	CM15-0176067		
<b>Date Assigned:</b>	09/17/2015	<b>Date of Injury:</b>	08/29/1995
<b>Decision Date:</b>	10/19/2015	<b>UR Denial Date:</b>	08/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2015

### 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: Arizona, 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 61-year-old female who sustained an industrial injury on August 29, 1995. A recent primary treating office visit dated August 07, 2015 reported chief subjective complaint of neck pain radiating to bilateral arms. Previous treatment to include: activity modification, ice application, rest, pain medications. The following treating diagnoses were applied: degeneration of cervical intervertebral disc; cervical radiculopathy; cervicgia; myofascial pain; spasm of muscle, and migraine. The plan of care is with recommendation for a course of physical therapy and a cervical epidural steroid injection. The topical cream noted with refill this visit. Current medication attached to this encounter consisted of: Lipitor, Cozaar, Protonix, Plavix, Maxalt, Flexeril, Pantoprazole, and topical cream. Of note, she did seek evaluation and treatment for neck pain on July 23, 2015 and noted receiving a left shoulder steroid injection. At primary follow up dated May 2015 the plan of care noted prescribing and continuing with medications: cream base topical analgesia, Pantoprazole, Flexeril, and Protonix. At primary follow up dated October 16, 2014, the topical analgesia cream was first prescribed treating myofascial pains.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound cream Flurbiprofen 20%/Lidocaine 5%:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Flurbiprofen is a topical NSAID. It is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. It is recommended for short-term use (4-12 weeks) for arthritis. In this case, the claimant does not have arthritis and long term use is not indicated there are diminishing effects after 2 weeks. Topical NSAIDS can reach systemic levels similar to oral NSAIDS. In addition, topical Lidocaine is indicated for diabetic and herpetic neuropathy. The claimant does not have the above diagnoses. The claimant had been on the medication for several months. Long-term use is not indicated. The continued use of topical is not medically necessary.