

<b>Case Number:</b>	CM15-0179683		
<b>Date Assigned:</b>	10/13/2015	<b>Date of Injury:</b>	08/26/2013
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	08/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2015

### 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: Physical Medicine & Rehabilitation

### 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 57 year old male, who sustained an industrial injury on 08-26-2013. He has reported injury to the neck, shoulders, elbows, wrists, right knee, and low back. The diagnoses have included lumbar spine musculoligamentous strain-sprain; left shoulder strain-sprain; left shoulder impingement syndrome; right elbow lateral epicondylitis; right writ carpal tunnel syndrome; right knee meniscal tear, exacerbation; and status post right knee arthroscopic surgery, on 06-15-2015. Treatment to date has included medications, diagnostics, injections, acupuncture, physical therapy, and surgical intervention. Medications have included Motrin, Cyclobenzaprine, and topical compounded creams. A progress report from the treating physician, dated 07-27-2015, documented an evaluation with the injured worker. The injured worker reported pain in the lower back, left shoulder, right elbow, and right knee; pain and numbness in the right wrist; his lower back pain is rated at 5 out of 10 in intensity on the visual analog scale, which has increased from 4-5 out of 10 in intensity on the last visit; the pain in the left shoulder is rated at 7 out of 10, which has remained the same; the pain in the right elbow and right wrist is rated at 7-8 out of 10 in intensity, which has increased since the last visit; and right knee pain rated at 7 out of 10 in intensity, which has decreased from 8 out of 10 on the last visit. Objective findings included grade 2 tenderness to palpation over the lumbar paraspinal muscles, with restricted range of motion; grade 2 tenderness to palpation over the left shoulder, right elbow, and right wrist; grade 3 tenderness to palpation of the right knee, which has increased from grade 2 on the last visit; and there is restricted range of motion. The provider noted that "topical medications were prescribed in order to minimize possible neurovascular complications, and to avoid complications associated with the use of narcotic medications, as well as upper

gastrointestinal bleeding from the use of NSAIDs medications". The treatment plan has included the request for Flurbi (nap) cream-LA (Flurbiprofen 20%-Lidocaine 5%-Amitriptyline 5%), 180 gm. The original utilization review, dated 08-31-2015, non-certified the request for Flurbi (nap) cream-LA (Flurbiprofen 20%-Lidocaine 5%-Amitriptyline 5%), 180 gm.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Flurbi (nap) cream-LA (Flurbiprofen 20%/ lidocaine 5%/ amitriptyline 5%, 180 gm):**  
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:** The 57 year old patient complains of pain in lower back, left shoulder, right elbow, and right knee, rated at 5-8/10, along with numbness in right wrist, as per progress report dated 07/27/15. The request is for flurbi (nap) cream-la (flurbiprofen 20%/ lidocaine 5%/ amitriptyline 5%, 180 gm/). The RFA for this case is dated 07/27/15, and the patient's date of injury is 08/26/13. Diagnoses, as per progress report dated 07/27/15, included lumbar spine musculoligamentous strain/sprain, left shoulder strain/sprain, left shoulder impingement syndrome, right elbow epicondylitis, right wrist carpal tunnel syndrome, and right knee meniscal tear. The patient is status post right knee arthroscopic surgery. The patient is temporarily totally disabled, as per progress report dated 06/19/15. MTUS Chronic pain guidelines 2009, page 111 and Topical Analgesics section: Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. The MTUS guidelines do not support the use of topical NSAIDs such as Flurbiprofen for axial, spinal pain, but supports its use for peripheral joint arthritis and tendinitis. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. In this case, Flurbi (NAP) cream -LA is first noted in progress report dated 04/29/15. It is not clear when the topical formulation was initiated. There is no documentation of efficacy in terms of reduction in pain and improvement in function. In progress report dated 07/27/15, the treater states that the topical compound was prescribed "to minimize possible neurovascular complications; and to avoid complications associated with the use of narcotic medications, as well as upper GI bleeding from the use of NSAID's medications." In the same report, the treater recommends application of a "thin layer to the affected areas 2 to 3 times a day." Nonetheless, MTUS only supports the use of topical Flurbiprofen for peripheral joint arthritis and tendinitis. It is not indicated for axial or spinal pain. Additionally, Lidocaine is not supported by MTUS in any topical formulation other

than patch. MTUS also specifically states that anti-depressants such as Amitriptyline are not recommended in any topical form. Furthermore, the Guidelines also provide clear discussion regarding topical compounded creams on pg 111. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Hence, this request IS NOT medically necessary.