

<b>Case Number:</b>	CM14-0140924		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	02/14/2002
<b>Decision Date:</b>	10/06/2014	<b>UR Denial Date:</b>	08/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2014

### 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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Connecticut. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

After careful review of the medical records, this is a 66 year old female with complaints of low back pain, right wrist pain, and right knee pain. The date of injury is 2/14/02 and the mechanism of injury is not elicited. At the time of request for topical lidocaine 5% and flurbiprofen 20% 120g with 2 refills, there is subjective (low back pain, right wrist pain, right knee pain) and objective (lumbar spine tenderness, restricted range of motion, positive straight leg raise right, right knee tenderness with crepitus, right wrist pain on extension and flexion) findings, imaging findings (MRI lumbar spine 10/16/13 shows multi-level disc protrusions, facet degeneration, and canal stenosis L5-S1), diagnoses (multi-level lateral recess stenosis with canal stenosis L5-S1, s/p right wrist reconstruction, right knee arthritis), and treatment to date (surgery, physical therapy, medications). Under review is a request for Lidocaine 5%-Flurbiprofen 20% 120gm, which is an analgesic cream and is a compounded topical analgesic.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Topical medication - Lidocaine 5%, Flurbiprofen 20% 120gm with two (2) refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Lidocaine 5%-Flurbiprofen 20% analgesic cream is a compounded topical analgesic. Per MTUS-Chronic Pain Medical Treatment guidelines, any compounded drug that contains at least one drug that is not recommended, the compounded drug cannot be recommended. The only topical agent here that is FDA approved is Lidoderm/lidocaine which is indicated currently only for post herpetic neuralgia and used off label for other types of neuropathic pain. Flurbiprofen is a member of the phenylalkanoic acid derivative of NSAIDs and there is no evidence or indications for topical use. Therefore, the request for this compounded agent is not medically necessary.