

<b>Case Number:</b>	CM13-0000375		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	03/18/2013
<b>Decision Date:</b>	04/14/2014	<b>UR Denial Date:</b>	04/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. 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:

This is a patient with a date of injury of March 18, 2013. A utilization review determination dated April 25, 2013 recommends non-certification of flurbiprofen/diclofenac creams. Physical therapy was modified to four (4) sessions as the patient had already attended six (6) physical therapy sessions. An April 17, 2013 medical report identifies neck, low back, and hip pain 7/10 along with numbness, swelling, depression, and anxiety. On exam, there is cervical tenderness and spasm with limited range of motion (ROM), right elbow tenderness over the medial epicondyle, and lumbar tenderness with spasm and limited ROM.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY, TWO (2) TIMES A WEEK FOR four (4) WEEKS FOR THE NECK AND BACK:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 174, 299-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, Low Back, Physical therapy (PT)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Section Page(s): 98-99.

**Decision rationale:** California MTUS Guidelines state that patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Within the documentation available for review, there is documentation of completion of prior physical therapy sessions, but there is no documentation of specific objective functional improvement with the previous sessions. The remaining deficits are mild ROM deficits and there is no documentation as to why they cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the California MTUS guidelines support only up to 10 physical therapy sessions for this injury. The current request would exceed that amount given the prior amount of physical therapy completed. In light of the above issues, the currently requested physical therapy, two (2) times a week for four (4) weeks for the neck and back is not medically necessary.

**RETROSPECTIVE- FLURBIPROFEN 25% - DICLOFENAC 10% CREAM 30GM:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 49.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**Decision rationale:** The California MTUS Guidelines state that topical NSAIDs are indicated for Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. Guidelines also state that it is only recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. It is not recommended for neuropathic pain, as there is no evidence to support use. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient and no rationale for the use of multiple NSAIDs. In light of the above issues, the retrospective request for flurbiprofen 25% - diclofenac 10% cream is not medically necessary.

**FLURBIPROFEN 25% - DICLOFENAC 10% CREAM 100GM:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 49.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**Decision rationale:** The California MTUS Guidelines state that topical NSAIDs are indicated for Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. Guidelines also state that it is only recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. It is not recommended for neuropathic pain, as there is no evidence to support use. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient and no rationale for the use of multiple

NSAIDs. In light of the above issues, currently requested flurbiprofen 25% - diclofenac 10% cream is not medically necessary.