

<b>Case Number:</b>	CM13-0037104		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	01/10/2008
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	09/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2013

### 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 and is licensed to practice in Nevada. 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:

The records presented for review indicate that this 56 year-old male was reportedly injured on 1/10/2008. The mechanism of injury is noted as repetitive activities. The most recent progress note, dated 7/8/2014, indicates that there are ongoing complaints of bilateral shoulder pain, neck pain, and back pain. The physical examination is handwritten and partially illegible. Cervical spine: decreased range of motion, positive spasm. Lumbar spine: decreased range of motion, positive straight leg raise, possibly positive Tinnel's bilaterally. No recent diagnostic studies are available for review. Previous treatment includes previous surgeries, medications, and conservative treatment. A request had been made for flurbiprofen spray and was not certified in the pre-authorization process on 9/30/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FLURBIPROFEN SPRAY:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26. MTUS (Effective July 18, 2009); Page(s): 111-113 of 127.

**Decision rationale:** MTUS guidelines state that topical analgesics are largely experimental with few randomized controlled trials to determine efficacy or safety, and that "any compound product that contains at least one drug (or drug class) that is not recommended, is not recommended." As such, this request is not considered medically necessary.