

<b>Case Number:</b>	CM13-0056113		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	04/25/2012
<b>Decision Date:</b>	03/27/2014	<b>UR Denial Date:</b>	11/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine, 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 physician 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee pain reportedly associated with a slip and fall industrial contusion injury of April 25, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of acupuncture; and muscle relaxants. In a Utilization Review Report of November 6, 2013, the claims administrator denied a request for a flurbiprofen containing cream. The applicant subsequently appealed. On July 29, 2013, the applicant is described as carrying a diagnosis of low back pain, mid back pain, knee pain, chronic pain syndrome, and anxiety disorder. The applicant was given prescriptions for Advil, Motrin, Mobic, Zanaflex, Protonix, and Xanax. Acupuncture was endorsed. On a December 13, 2013 progress note, the applicant was described as having clinically consistent knee arthritis. Topical flurbiprofen cream, Protonix, Xanax, tizanidine, Mobic, Motrin, and Advil were apparently endorsed. The applicant was given work restrictions. It was seemingly suggested that these limitations were not accommodated.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FLURBIPROFEN CREAM:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chronic Pain Treatment Guidelines Page(s): 111.

**Decision rationale:** As noted on the MTUS-adopted ACOEM Guidelines in Chapter 3, oral pharmaceuticals are a first-line palliative method. In this case, the employee was described as using numerous first-line oral pharmaceuticals, including Advil, Motrin, Zanaflex, tramadol, tizanidine, Mobic, etc., effectively obviating the need for the flurbiprofen containing topical compound which is, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines "largely experimental." In this case, the attending provider did not furnish any rationale or narrative to the request for authorization or to the progress notes so as to try to offset the unfavorable MTUS guidelines recommendations. Therefore, the request is not certified, on Independent Medical Review.