

<b>Case Number:</b>	CM13-0065532		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	07/22/2003
<b>Decision Date:</b>	04/18/2014	<b>UR Denial Date:</b>	11/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/13/2013

### 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 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 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 applicant has filed a claim for fibromyalgia, rheumatoid arthritis, multifocal pain syndrome, neck pain, back pain, and chronic fatigue syndrome reportedly associated with an industrial injury of July 22, 2003. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; attorney representation; and extensive periods of time off of work, on total temporary disability. A request for flurbiprofen containing topical compound was apparently denied through the utilization review process. The applicant's attorney has subsequently appealed. A clinical progress note of October 28, 2013 is notable for comments that the applicant reports multifocal total body pain, chronic fatigue syndrome, and difficulty sleeping. The applicant is having a flare of rheumatoid arthritis and has neck pain, back pain, hand pain, and knee pain. Flurbiprofen containing topical compound is endorsed along with oral tramadol and injectable Depo-Medrol. The applicant is placed off of work, on total temporary disability, until the next visit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PRESCRIPTION OF FLURBIPROFEN 25%/LIDOCAINE 5%/MENTHOL 5%/CAMPHOR 1% CREAM:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47,Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**Decision rationale:** No, the proposed flurbiprofen containing topical compound is not medically necessary, medically appropriate, or indicated here. As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, page 47, oral pharmaceuticals are the first-line palliative method. In this case, there is no evidence of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals so as to justify usage of topical agents and/or topical compounds, such as the flurbiprofen-containing topical compound proposed here which is, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines "largely experimental." The applicant was issued a prescription for oral tramadol on the office visit in question, effectively obviating the need for the flurbiprofen-containing topical compound. Therefore, the request is not certified, on independent medical review.