

<b>Case Number:</b>	CM14-0006569		
<b>Date Assigned:</b>	01/31/2014	<b>Date of Injury:</b>	05/13/2013
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	12/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/17/2014

### 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 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 29-year-old female patient with a 5/13/13 date of injury. She indicated that her low back pain was due to wearing gear for work. 06/18/213 doctors first report indicated that the patient complained of low back pain. The pain radiated down to the right leg, and knee. She was diagnosed with chronic back pain. Physical exam demonstrated thoracic extension 10 degrees. 6/19/2013 MRI demonstrated minimal posterior disk bulging and mild facet arthropathy at L4-5, the central canal is patent and no foraminal narrowing is identified throughout the lumbar spine. Treatment included physical therapy. Medication included Celebrex 200 mg, Protonix 40 mg, Skelaxin 800 mg. 10/4/13 progress report indicated that the patient was diagnosed with lumbar radiculopathy, bilateral ankle musculoligamentous sprain/strain. Treatment included acupuncture for the lumbar spine. Medication included Norco, Medrox patches, and Flurbiprofen gel.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FLURBIPROFEN:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that there is little to no research to support the use of NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists,  $\alpha$ -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists,  $\gamma$  agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor in topical compound formulations. The patient presented with constant low back pain, radiating to the lower extremities, with associated numbness. Treatment included acupuncture, medication: Norco, Merdox patches, Flurbiprofen gel. However, there was no documentation to support the efficacy of previous Flurbiprofen gel use. In addition, a specific prescription with quantities or duration of use was not identified. CA MTUS states that there is little research to support topical NSAIDs. Therefore, the request for Flurbiprofen was not medically necessary.