

<b>Case Number:</b>	CM14-0106733		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	10/11/2011
<b>Decision Date:</b>	11/18/2014	<b>UR Denial Date:</b>	06/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/08/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine, Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 10/11/11. He continues to be treated for mid and low back pain with radiating symptoms into the lower extremities. He was seen on 12/20/13. Pain was rated at 8/10. There had been improvement after an epidural injection in September 2013. Physical examination findings included lower extremity weakness with decreased sensation and positive straight leg raising. Imaging results are referenced as showing L5-S1 spondylolisthesis with disc bulging and foraminal narrowing at L4-5 and L5-S1. Authorization for acupuncture and another epidural injection was requested. Medications included topical creams. On 02/05/14 the second epidural injection had been approved. Additional physical therapy was requested. On 05/01/14 he underwent the epidural injection. On 06/06/14 the second epidural injection had provided up to 70% pain relief. He was having ongoing mid and low back pain rated at 1-2/10 and was having intermittent headaches rated at 8/10. Medications included Norco, Ibuprofen, and patches. Physical examination findings included lumbar paraspinal muscle and tenderness with sciatic notch tenderness and lower extremity weakness. Urine drug screen test results were reviewed. Authorization for chiropractic treatments was requested. Ultracet was prescribed and topical medications were refilled.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen 20% Cream 120 gm:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Topical Analgesics Page(s): 60, 111-113.

**Decision rationale:** The claimant is more than 3 years status post work-related injury and continues to be treated for He continues to be treated for mid and low back pain with radiating symptoms into the lower extremities. Compounded topical preparations of Flurbiprofen are used off-label (non-FDA approved) and have not been shown to be superior to commercially available topical medications such as Diclofenac. In this case, there is no evidence of a trial of topical Diclofenac and therefore the requested topical medication is not medically necessary.