

<b>Case Number:</b>	CM14-0158049		
<b>Date Assigned:</b>	10/01/2014	<b>Date of Injury:</b>	08/22/2009
<b>Decision Date:</b>	10/28/2014	<b>UR Denial Date:</b>	09/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2014

### 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 Interventional Spine 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 patient is a 45 year old male with an injury date of 8/22/09. Based on the 8/07/14 report by [REDACTED] this patient complains of "low back and cervical pain" and also complains of "increase neck pain and spasms." Neurologic exam shows "decrease sensation to light touch over the C6 dermatone and positive Phalens test." Cervical spine range of motion: flexion-40 (normal-60), extension-25 (normal-50), left lateral bend-20 (normal-45), right lateral bend-20 (normal-20). Dr. Shortz also references three diagnostic tests: 1) 3/31/10 C-spine MRI which "revealed herniated disc at C5-6 and C6-7," 2) 3/31/10 C-spine X-ray which "revealed degenerative disc disease," and 3) 6/11/12 EMG/NCV that "reveals bilateral carpal tunnel syndrome." Work status as of 8/07/14: "Patient is permanent and stationary." Diagnoses are: 1. Cervical disc disease2. Cervical radiculitis3. Neck pain4. Carpal Tunnel SyndromeThe utilization review being challenged is dated 9/02/14. The request is for Flurbiprofen Cream 20 percent. The requesting provider is [REDACTED] and he has provided two reports: 6/06/14 and 8/07/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen Cream 20%:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Topical Analgesics Page(s): 111-112.

**Decision rationale:** This patient presents with low back pain and increased neck pain and spasms. The treating physician requests Flurbiprofen Cream 20 percent. According to MTUS guidelines, topical NSAIDS are indicated for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment and recommended for short term use (4-12 weeks). Given this patient's diagnoses do not include osteoarthritis or tendinitis, nor located in the peripheral joints; the recommendation is not medically necessary. The request is not in accordance with MTUS guidelines.