

<b>Case Number:</b>	CM14-0172699		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	06/17/2005
<b>Decision Date:</b>	12/03/2014	<b>UR Denial Date:</b>	10/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2014

### 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 and is licensed to practice in Connecticut. 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 injured worker is a 65 year old female who reported injury on 06/17/2005, while lifting two 50 pound cases of equipment. Her diagnoses were noted as right sacroiliac joint dysfunction. The past treatments were noted to include a home exercise program, walking therapy program and medications. The documentation noted the injured worker had a radiofrequency ablation in 12/2011 and a sacroiliac joint block which she stated relieved her pain. On 06/17/2014, the injured worker had complaints of right sided S1 joint pain rated 7/10 with continued numbness noted in her toes of the left foot rated 9/10. The physical exam was noted to show tenderness of the lumbosacral junction and palpable tenderness over the sacroiliac joint. There was decreased sensation over the left L3 and L4 dermatome distribution, and a positive Fortin's on the right, Positive compression test and positive right thigh thrust. Her medications were noted to include Lyrica, Robaxin, and Ultram. The treatment plan included the injured worker to continue with her medication regimen, home exercise program and walking therapy program. A request was received for Flurbiprofen powder. There was no rational or request for authorization included in the documentation submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen powder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

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

**Decision rationale:** The request for Flurbiprofen powder is not medically necessary. The injured worker complained of right sided S1 joint pain rated a 7/10 with continued numbness noted in her toes of the left foot rated as a 9/10. The California MTUS guidelines note topical NSAIDs, such as flurbiprofen, are recommended for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder and use with neuropathic pain is not recommended as there is no evidence to support use. The injured worker has a diagnosis of right sacroiliac joint dysfunction. The Guidelines do not support the use of topical NSAID's for the treatment of osteoarthritis of the spine, or hip. There is a lack of documentation indicating the medication would be used for a joint amenable to topical treatment. Additionally the request failed to indicate dosage, frequency, quantity, and the location at which the topical analgesic would be used. Therefore the request for Flurbiprofen powder is not supported. As such, the request is not medically necessary.