

<b>Case Number:</b>	CM14-0033608		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	08/22/2006
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	02/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2014

### 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 Physical Medicine and Rehabilitation 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 injured worker is a 52-year-old male with a reported date of injury on 08/22/2006. The mechanism of injury was not provided within the medical records. His diagnoses were noted to include herniated disc to the lumbar spine, lumbosacral spine pain, spinal stenosis, and removal of hardware. His previous treatments were noted to include physical therapy, home exercises, medications, surgery, and back support. The progress note dated 01/24/2014 reported the injured worker complained of persistent lumbosacral pain, especially over the sacroiliac joints radiating down to the bilateral lower extremities with numbness and tingling. The injured worker's right leg buckles intermittently and his lumbar brace is no longer keeping its form. The physical examination showed the lumbar spine surgery well-healed and has a well-healed incision, decreased range of motion secondary to pain, positive tenderness to palpation to the sacroiliac joint and positive Faber. The Request for Authorization Form dated 02/07/2014 is for compound creams and lumbar spine orthosis for support.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Orthosis For Support:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308.

**Decision rationale:** The injured worker had a previous lumbar support which is no longer keeping form. The CA MTUS/ACOEM Guidelines do not recommend lumbar support (corset) for the treatment of low back disorders. The lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The injured worker was injured back in 2005 and had hardware removal over 3 years ago. Therefore, due to the lack of acute onset of symptoms, the need for lumbar support is not warranted. Therefore, the request is not medically necessary.

**Flurbiprofen Compound 25%, 30 Grams:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

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

**Decision rationale:** The injured worker has been taking this medication since at least 05/2013. The California Chronic Pain Medical Treatment Guidelines primarily recommend topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines also state there is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The guidelines state topical NSAIDs efficacy and clinical trials for this treatment modality have been inconsistent and most studies are small of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. When investigated specifically for osteoarthritis of the knee, topical NSAIDs have been shown to be superior to placebo for 4 to 12 weeks. In this study the effect appeared to diminish over time and it was stated that further research was required to determine if results were similar for all preparations. These medications may be useful for chronic musculoskeletal pain, but there are no longterm studies of their effectiveness or safety. Topical analgesics are indicated for osteoarthritis and tendonitis, and in particular, that of the knee and elbow or other joints that are amenable to topical treatment. They are recommended 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. The guidelines do not recommend topical NSAIDs for neuropathic pain as there is no evidence to support the use. The injured worker does not have a diagnosis in regards to osteoarthritis and his injury is to his lumbar spine. The injured worker has been taking this medication for well over 6 months and there is a lack of documentation regarding efficacy of this medication. Therefore, due to the lack of documentation regarding efficacy and length of time the injured worker has been on this medication, the flurbiprofen is not warranted at this time. Additionally,

the request failed to provide the frequency at which this medication is to be utilized. As such, the request is not medically necessary.