

<b>Case Number:</b>	CM14-0037894		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	10/29/2013
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	03/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/31/2014

### 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 Occupational Medicine, 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic rib pain, neck pain, and low back pain reportedly associated with an industrial contusion injury of October 29, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; and topical compounded medications. In a Utilization Review Report dated March 7, 2014, the claims administrator denied a request for several topical compounded medications, invoking Non-MTUS ODG Guidelines, Chapter 3 ACOEM Guidelines, and the MTUS Chronic Pain Medical Treatment Guidelines. The applicant's attorney subsequently appealed. In a work status report of January 3, 2014, the applicant was given prescriptions for Motrin and tramadol. Work restrictions were endorsed. It did not appear that the applicant was working with said limitations in place. Topical compounded medications were later introduced when the applicant transferred care elsewhere.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen 25%/Diclofenac 10% 240 Grams Quantity One:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, page 47, oral pharmaceuticals are a first-line palliative method. In this case, the applicant's ongoing and reportedly successful usage of multiple first-line oral pharmaceuticals, including Motrin and Tramadol, effectively obviates the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems largely experimental topical analgesics such as the Flurbiprofen-Diclofenac compound in question. Therefore, the request is not medically necessary.