

<b>Case Number:</b>	CM14-0067411		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	06/11/2013
<b>Decision Date:</b>	11/21/2014	<b>UR Denial Date:</b>	05/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2014

### 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:

The patient is a 48 years old male with an injury date on 06/11/2013. Based on the 03/06/2014 progress report provided by [REDACTED], the diagnosis is lumbar disc disease. According to this report, the patient complains of pain in the back. Orthopedic exam reveals flexion 20 or 25 degrees, lateral bending is about 75% of normal. Palpation of the lumbar musculature finds "taut bilaterally but not specifically spasming." The patient is to "remain on modified duty with lifting restriction of 25 pounds and no prolonged bending or squatting." There were no other significant findings noted on this report. The utilization review denied the request on 05/03/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 08/23/2013 to 03/06/3014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective: Flurbiprofen / Diclofenac (DOS 03/11/2014): Upheld**

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

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

**Decision rationale:** According to the 03/06/2014 report by [REDACTED] this patient presents with pain in the back. The provider is requesting a retrospective of Flurbiprofen / Diclofenac (DOS 03/11/2014). The treating physician's report and request for authorization containing the request is not included in the file. The most recent progress report is dated 03/06/2014 and the utilization review letter in question is from 05/03/2014. Regarding topical NSAIDs, MTUS states this class in general is only recommended for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). In this case, the patient does not meet the indication for the topical medication as he does not present with peripheral joint osteoarthritis/tendinitis problems for which topical NSAIDs are indicated. MTUS specifically states "There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder." The request is not in accordance with MTUS. Therefore, this request is not medically necessary.