

<b>Case Number:</b>	CM14-0070915		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	09/07/2012
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	05/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/16/2014

### 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 Texas. 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 62 year old female injured on 09/07/12 due to an undisclosed mechanism of injury. Current diagnoses include herniated nucleus pulposus at C5-6 with right upper extremity radiculopathy, thoracic spine musculoligamentous sprain/strain, right shoulder musculoligamentous sprain/strain, lumbar spine musculoligamentous sprain/strain, and insomnia secondary to orthopedic injury. The clinical note dated 03/17/14 indicates the injured worker presented complaining of constant neck pain rated at 7/10 with radiation to the bilateral upper extremities and associated numbness and tingling. The injured worker also complained of intermittent mid back pain rated at 5/10 and low back pain rated at 5/10 with radiation to the right upper extremity. In addition, the injured worker complained of intermittent right hip pain rated at 5/10. The injured worker underwent injection to cervical spine on 01/14/14 and utilizes Soma and Ultracet. The physical examination revealed positive Spurling's test bilaterally, Hoffman's sign positive on the right, motor strength revealed weakness of the biceps and wrist extensors at 4/5, decreased sensation to light touch over the dorsum of the hands, deep tendon reflexes 2+ in the biceps, 1+ in the brachial radialis, and 1+ in the triceps. The documentation indicates the injured worker is to be scheduled for an anterior cervical discectomy and fusion at C5-6 on 03/28/14. The clinical note dated 06/02/14 indicates the intent to provide compounded topical analgesic which contains Flurbiprofen 20%; however, there was no additional postoperative documentation discussing the initiation of oral or transdermal Flurbiprofen. The initial request for 120 Flurbiprofen was initially non-certified on 05/03/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**120 Flurbiprofen (dosage unspecified): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 72.

**Decision rationale:** As noted on page 72 of the Chronic Pain Medical Treatment Guidelines, Flurbiprofen is considered a non-selective non-steroidal anti-inflammatory drug. NSAIDs are recommended as a second-line treatment after acetaminophen for acute exacerbations of chronic pain. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute lower back pain. Package inserts for NSAIDs recommend periodic lab monitoring of a complete blood count and chemistry profile (including liver and renal function tests). There is no documentation that these monitoring recommendations have been performed and the injured worker is being monitored on a routine basis. Additionally, it is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. Further, there was no dosage or frequency provided for review. As such, the request for 120 Flurbiprofen cannot be established as medically necessary.