

<b>Case Number:</b>	CM14-0086033		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	03/19/1993
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	05/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2014

### 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 & Rehabilitation and is licensed to practice in Illinois. 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 61-year-old male who reported an unknown injury on 03/19/1993. On 06/06/2014, his diagnoses included lumbar discogenic disease, status post lumbar laminectomy, and lumbar facet syndrome with persistent spinal pain. His medications included MS Contin 100 mg and Opana 10 mg. His straight leg raising was normal bilaterally. Tenderness was palpated in the lower paravertebral musculature. He was able to heel and toe walk but with pain. His lower extremity motor strength was 5/5. His sensory evaluation was without deficits, and his range of motion was restricted due to pain in both planes. There were no other pertinent data included in this chart. There was no rationale or Request for Authorization in this documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen PA 360ml:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics (Topical NSAIDs, FDA-approved agents, Non FDA-approved agents)  
Page(s): 112.

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

**Decision rationale:** The request for flurbiprofen PA 360 ml is not medically necessary. The California MTUS Guidelines refer to topical analgesics as largely experimental with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The only FDA-approved NSAID for topical application is Voltaren gel 1% (diclofenac), which is indicated for the relief of osteoarthritis pain in joints that lend themselves to topical treatments. There was no documentation of previously failed trials of oral NSAIDs, antidepressants, or antiepileptic medications. Additionally, the body part for which the flurbiprofen was to have been applied was not specified, nor was the frequency of application. Therefore, this request for flurbiprofen PA 360 ml is not medically necessary.

**Fluticasone propionate 100% PA 360ml:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (web): Voltaren Gel (Diclofenac), Topical Analgesics, Non-Steroidal Anti-Inflammatory Agents (NSAIDs).

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

**Decision rationale:** The request for fluticasone propionate 100% PA 360 ml is not medically necessary. The California MTUS Guidelines refer to topical analgesics as largely experimental with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded in combination for pain control and there is little to no research to support the use of many of these agents. There was no documentation of previously failed trials of oral NSAIDs, antidepressants, or antiepileptic medications. It was unclear if this request for fluticasone was for topical application or for nasal spray. There was no indication of a body part to which this would be applied. Additionally, there was no frequency of administration. Therefore, this request for fluticasone propionate 100% PA 360 ml is not medically necessary.