

<b>Case Number:</b>	CM14-0099663		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	04/21/2010
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	06/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/27/2014

### 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 records, presented for review, indicate that this 52-year-old male was reportedly injured on April 21, 2010. The mechanism of injury was noted as tripping over a pipe and falling. The most recent progress note, dated March 5, 2014, indicated that there were ongoing complaints of cervical spine pain with headaches and radiation to the upper extremities as well as low back pain radiating to the left lower extremity. There were also complaints of bilateral hand pain, wrist pain, and foot pain. The physical examination demonstrated pain with ambulation and the use of a cane. There was no tenderness noted at the cervical spine and full cervical spine range of motion. Pain was noted with motion of the lumbar spine. There was a normal upper and lower extremity neurological examination. Diagnostic imaging studies were not reviewed during this visit. Previous treatment included an L5-S1 fusion and subsequent removal of hardware. A request had been made for flurbiprofen cream and was not certified in the pre-authorization process on June 17, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen 20% Cream 120gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Non-steroidal anti-inflammatory agents (NSAIDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 111-113.

**Decision rationale:** The California MTUS Guidelines support topical NSAIDs for the short-term treatment of acute pain for short-term use for individuals unable to tolerate oral administration, or for whom oral administration is contraindicated. The most recent progress note in the attached medical record, dated March 5, 2014, indicated that the injured employee was also prescribed naproxen sodium. Considering this, the request for Flurbiprofen cream is not medically necessary.