

<b>Case Number:</b>	CM13-0035253		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	06/29/2000
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	10/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2013

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 60 year old female, who sustained an industrial injury on June 29, 2000. She has reported a back injury. The diagnoses have included low back pain. Treatment to date has included medications, and physical therapy. Currently, the IW complains of back pain with radiation into the legs. She rates her pain as 5-7 out of 10 on a pain scale. Physical findings reveal an abnormal gait, positive spring test, pain in the lumbar spine with extension and facet palpation. She was advised by physical therapy to use assistive devices when ambulating. On October 9, 2013, Utilization Review non-certified Flurbiprofen cream 20% cream, standard, apply teaspoon to sensitive areas up to 2 times daily as needed for pain or inflammation, #1 dispensed with zero refills. The MTUS guidelines were cited. On October 15, 2013, the injured worker submitted an application for IMR for review of Flurbiprofen cream 20% cream, standard, apply teaspoon to sensitive areas up to 2 times daily as needed for pain or inflammation, #1 dispensed with zero refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen Cream 20% Cream, Standard, #1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

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

**Decision rationale:** Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with multiple joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic to include a compounded NSAID over oral formulation for this chronic injury without documented functional improvement from treatment already rendered. Guidelines do not recommend long-term use of NSAID without improved functional outcomes attributable to their use or improved functional outcomes attributable to their use. Therefore the request is not medically necessary and appropriate.