

<b>Case Number:</b>	CM14-0184492		
<b>Date Assigned:</b>	11/12/2014	<b>Date of Injury:</b>	11/11/2009
<b>Decision Date:</b>	01/07/2015	<b>UR Denial Date:</b>	10/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2014

### 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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck, low back, and wrist pain reportedly associated with an industrial injury of September 14, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; earlier cervical spine surgery; earlier carpal tunnel release surgery; adjuvant medications; topical compounds; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated October 27, 2014, the claims administrator failed to approve request for a flurbiprofen containing compound. The claims administrator stated that its decision was based on a progress note of October 13, 2014. In an October 30, 2014 supplemental report, the requesting provider stated that he reviewed the report of an otolaryngologist who felt that the applicant had developed traumatic hearing loss, reportedly attributed to the industrial injury. On October 13, 2014, the applicant reported ongoing complaints of headaches, hand pain, wrist pain, and low back pain, 8/10. The applicant was using naproxen for pain relief. The applicant had derivative complaints of depression, anxiety, psychological stress, insomnia, tinnitus, it was further noted. The applicant had undergone earlier cervical spine surgery and had herniated intervertebral disks of the lumbar spine which was generating associated radicular complaints, it was acknowledged. Extended release Voltaren, Ultracet, and a topical compounded flurbiprofen, Ultracet, a flurbiprofen-ketoprofen-ketamine containing cream, and a Gabapentin-cyclobenzaprine-capsaicin containing cream were endorsed while the applicant was placed off of work, on total temporary disability

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen 20% cream, QTY: 120gm:** 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 topic Page(s): 111-112.

**Decision rationale:** As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, Ketoprofen, one of the ingredients in the compound in question, is not recommended for topical compound formulation purposes. Since one ingredient in the compound is not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that the applicant's ongoing usage of multiple first-line oral pharmaceuticals, including oral Voltaren and oral Ultracet, effectively obviated the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems the largely experimental flurbiprofen containing compound at issue. Therefore, the request was not medically necessary.