

<b>Case Number:</b>	CM14-0189624		
<b>Date Assigned:</b>	11/20/2014	<b>Date of Injury:</b>	03/26/2012
<b>Decision Date:</b>	01/23/2015	<b>UR Denial Date:</b>	11/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2014

### 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 Internal 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 injured worker is a 56-year-old female who reported injury on 03/26/2012. The mechanism of injury was a fall. Her diagnoses included multilevel cervical disc herniation, C2-7 cervical fusion, left upper extremity radiculopathy, left shoulder strain, rule out carpal tunnel syndrome, chronic lumbar strain, and left ankle sprain. The past treatments included surgery, orthotics, aquatic therapy, and steroid injection. An x-ray of the cervical spine was provided from 06/11/2014. Her surgical history included a C3-7 discectomy and fusion on 02/04/2014. The progress report, dated 10/09/2014, noted the patient complained of persistent pain in her neck, back, left shoulder, and elbow. Her pain was rated a 7/10, and radiated to her bilateral arms and legs. She reports the pain was improved with Norco to a 3/10 from a 7/10, and with Naprosyn to a 5/10 from a 7/10. The physical examination noted cervical spine range of motion was decreased, with a positive Spurling's sign, and cervical compression test. Strength was noted to be decreased to 4/5 on the left side. The examination of the lumbar spine revealed decreased range of motion, tenderness to the paraspinal muscles bilaterally, and decreased strength at 4/5 on the left lower extremity. Examination of the right shoulder revealed decreased range of motion, and decreased strength with flexion and abduction. Examination of the right ankle revealed decreased range of motion and tenderness over the lateral malleoli. The physician requested continued aquatic therapy, Norco, and MRI of the lumbar spine, and requested authorization for flurbiprofen/cyclobenzaprine/menthol cream as she cannot take Naprosyn often due to . The Request for Authorization form was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen, BP (unspecified amount / strength): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines- Pain, topical analgesics

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs); Topical Analgesics Page(s): 67-68, 111-112.

**Decision rationale:** The request for flurbiprofen, BP is not medically necessary. The patient had radicular pain to her cervical and lumbar spine. The California MTUS Guidelines recommend flurbiprofen for the short term treatment of osteoarthritis, and short term symptomatic relief of chronic low back pain. Furthermore, topical NSAIDs are indicated for short term treatment of osteoarthritis or tendinitis in joints that are amenable to topical treatment. Voltaren gel is the only FDA approved topical NSAID recommended for use. NSAIDs are not recommended as first line treatment for neuropathic pain. There was a lack of documentation indicating the injured worker had osteoarthritis, or a trial of first line medications for neuropathic pain. Additionally, the request did not indicate the route, dose, frequency, or site intended for use to support medical necessity. Given the above, the use of flurbiprofen is not indicated or supported by the evidence based guidelines at this time. Therefore, the request is not medically necessary.