

<b>Case Number:</b>	CM14-0189812		
<b>Date Assigned:</b>	11/21/2014	<b>Date of Injury:</b>	01/05/2000
<b>Decision Date:</b>	01/08/2015	<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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 01/05/00 when, while working as an Accounting Clerk, she bent over with injury to the low back. She continues to be treated for chronic pain. Treatments have included epidural steroid injections, medications, and lumbar medial branch radiofrequency ablation. She was seen on 04/13/14. She had fallen in her kitchen with injury to her jaw. She was also having left shoulder pain. Urine drug screening was performed on 05/16/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen 360gm #1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 1) Medications for chronic pain, ) Topical Analgesics Page(s): 60, 111-113.

**Decision rationale:** The claimant is nearly 15 years status post work-related injury and continues to be treated for chronic pain. Compounded topical preparations of flurbiprofen are used off-label (non-FDA approved) and have not been shown to be superior to commercially

available topical medications such as diclofenac. In this case, there is no evidence of a trial of topical diclofenac and therefore the requested topical medication was not medically necessary.