

<b>Case Number:</b>	CM14-0204292		
<b>Date Assigned:</b>	12/16/2014	<b>Date of Injury:</b>	11/27/2001
<b>Decision Date:</b>	02/09/2015	<b>UR Denial Date:</b>	11/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2014

### 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 Physical Medicine Rehab 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:

This 54 year-old patient sustained an injury on 11/27/2001 from picking up a headboard while employed by [REDACTED]. Request(s) under consideration include Topical Cream Flurbiprofen 30gm 72 Hour Supply. Diagnoses include lumbar herniated disc. MRI of the cervical spine showed multilevel disc protrusion with some mild canal stenosis. Conservative care has included medications, therapy, and modified activities/rest. Medications list Hydrocodone, Soma, and topical cream. Report of 11/10/14 from the provider noted chronic ongoing low back pain rated at 8/10 with 85% improvement from medications. Exam showed unchanged findings on lumbar spine with tenderness, spasm and restricted range of motion in ext/flexion; pain with SLR maneuver with intact motor and sensation in lower extremities. Treatment include continued medications. The request(s) for Topical Cream Flurbiprofen 30gm 72 Hour Supply was non-certified on 11/24/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**30gm Flurbiprofen Topical Cream 72 Hour Supply:** Upheld

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

**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 spinal and multiple joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic for this chronic injury of 2001 without documented functional improvement from treatment already rendered. The Topical Cream Flurbiprofen 30gm 72 Hour Supply is not medically necessary and appropriate.