

<b>Case Number:</b>	CM15-0102187		
<b>Date Assigned:</b>	06/04/2015	<b>Date of Injury:</b>	06/11/2013
<b>Decision Date:</b>	07/10/2015	<b>UR Denial Date:</b>	04/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 59 year old male, who sustained an industrial injury on 6/11/2013. The current diagnoses are lumbar radiculopathy, lumbar disc disease, multi-level cervical disc herniation, cervicalgia, spasm of muscles, and long-term medication use. According to the progress report dated 4/7/2015, the injured worker complains of low back pain with radiation down the left leg to the level of his ankle with associated numbness. The pain is rated 6/10 with medications and 9/10 without. The physical examination of the lumbar spine reveals tenderness and spasms of the L3-5 paraspinal muscles, decreased range of motion, reduced motor strength in the bilateral lower extremities, left worse than right, diminished sensation to pinprick along the right/left lateral leg, and decreased deep tendon ankle reflexes in the bilateral lower extremities. The current medications are Gabapentin, Norco, Tramadol, Lidocaine patches, and Flexeril. Treatment to date has included medication management, x-rays, MRI studies, physical therapy, electrodiagnostic testing, and lumbar epidural steroid injection. The plan of care includes prescription for Flurbiprofen 20% cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen 20% cream:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p 60 (2) Topical Analgesics, p 111-113 Page(s): 60, 111-113. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6, p 131-132.

**Decision rationale:** The claimant sustained a work-related injury in June 2013 and continues to be treated for left lower extremity weakness and pain. When seen, there was cervical and lumbar paraspinal muscle tenderness with spasms, trapezius muscle spasms, decreased spinal range of motion, decreased left lower extremity strength and sensation, and an antalgic gait using a cane. Medications being prescribed included oral Fenoprofen. Topical non-steroidal anti-inflammatory medication can be recommended for patients with chronic pain where the target tissue is located superficially in patients who either do not tolerate, or have relative contraindications, for oral non-steroidal anti-inflammatory medications. In this case, oral Fenoprofen is also being prescribed. Prescribing two non-steroidal anti-inflammatory medications would be duplicative and is not medically necessary.