

<b>Case Number:</b>	CM15-0104089		
<b>Date Assigned:</b>	06/10/2015	<b>Date of Injury:</b>	11/01/2007
<b>Decision Date:</b>	07/10/2015	<b>UR Denial Date:</b>	05/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/30/2015

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### 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 was a 58 year old female, who sustained an industrial injury, November 1, 2007. The injured worker previously received the following treatments, Lyrica, compound creams, TENS (transcutaneous electrical nerve stimulator) unit, home exercise program, physical therapy, acupuncture, injections, anti-inflammatory medications, muscle relaxants and epidural injections medial branch blocks. The injured worker was diagnosed with spinal stenosis cervical spine, spondylosis cervical spine, cervical spine degenerative disc disease and occipital neuralgia. According to progress note of May 12, 2015, the injured workers chief complaint was left sided pain at the base of the skull. The injured worker reported the pain was improved since the last office visit. The injured worker rated the pain at 8 out of 10 currently, average pain was 6 out of 10 and highest pain was 10 out of 10. The injured worker was current taking Lyrica and using a compound creams. The pain was described as sharp pressure, nagging, crushing, shooting and cramping pain. The modifying factors were bending, backward bending, forward bending, lying flat, automatic lifting objects, rising from a sitting position. The physical exam noted no new areas of numbness, decreased pain since last visit. The injured worker was getting good results from PLO cream. The injured worker was getting better sleep at night due to better pain control during the day. The treatment plan included Flurbiprofen compound cream 240 grams.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen compound cream 240gm:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**Decision rationale:** According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no controlled studies supporting that Flurbiprofen treatment is effective for pain management (in topical forms). There is no documentation of failure of first line therapy for pain. Therefore, the request for Flurbiprofen cream 240gms is not medically necessary.