

<b>Case Number:</b>	CM15-0107280		
<b>Date Assigned:</b>	06/11/2015	<b>Date of Injury:</b>	05/08/2014
<b>Decision Date:</b>	07/13/2015	<b>UR Denial Date:</b>	05/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2015

### 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: California

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 46 year old male, who sustained an industrial injury on 5/8/14. He reported pain to lower back with radiation to right foot with numbness. The injured worker was diagnosed as having lumbosacral disc disease. Treatment to date has included chiropractic treatment, oral medications including diazepam, ibuprofen, Norco and Neurontin, trigger point injections, epidural steroid injection, acupuncture and activity restrictions. (MRI) magnetic resonance imaging of lumbar spine performed on 5/28/14 revealed central protruded disc at L1-2 interspace, at L3-4 interspace with mild left and mild to moderate right foraminal stenosis, right paracentral to right lateral protruded disc at L4-5 interspace causing moderate right foraminal stenosis and probable transitional lumbosacral vertebra representing partial sacralization of L5. Currently, the injured worker complains of continued low back pain with numbness and tingling, non-radiating in the lower back and some muscle spasms. He is temporarily totally disabled. Physical exam noted decreased range of motion of lumbar spine with tenderness over the l4-S1 greater on the right than the left with paraspinous muscle spasms. The treatment plan included a prescription for Flurbiprofen cream to the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen cream (unspecified quantity): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics - NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 111-113 of 127.

**Decision rationale:** Regarding the request for flurbiprofen cream, CA MTUS states that topical NSAIDs are indicated for "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." Within the documentation available for review, none of the abovementioned criteria have been documented. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient. Given all of the above, the requested flubiprofen cream is not medically necessary.