

<b>Case Number:</b>	CM15-0161361		
<b>Date Assigned:</b>	08/27/2015	<b>Date of Injury:</b>	04/01/2003
<b>Decision Date:</b>	10/02/2015	<b>UR Denial Date:</b>	08/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/17/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED], [REDACTED] employee who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of April 1, 2003. In a Utilization Review report dated August 1, 2015, the claims administrator failed to approve requests for Motrin and/or Flurbiprofen-containing compound. The claims administrator referenced a July 28, 2015 RFA form and an associated office visit of July 23, 2015 in its determination. The applicant's attorney subsequently appealed. On said July 28, 2015 RFA form, Tramadol, Motrin, Prilosec, Norflex, and a Flurbiprofen- containing topical compound in question were endorsed. In an associated progress note of July 23, 2015, the applicant reported ongoing complaints of low back pain. The note was very difficult to follow and comprised, in large part, of preprinted checkboxes. Permanent work restrictions were renewed. It was not clearly stated whether the applicant was or was not working with said limitations in place, although this did not appear to be the case. The applicant presented with worsened complaints of low back pain. The applicant presented to obtain medication refills. 6/10 pain complaints were noted. The attending provider contended that the applicant's medications were beneficial but did not elaborate further. The applicant had undergone earlier failed spine surgery, it was noted. Acupuncture, physical therapy, multiple medications, and permanent work restrictions were renewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Motrin 800 mg, sixty count with three refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67, 68 and 72.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7.

**Decision rationale:** No, the request for Motrin, an anti-inflammatory medication, was not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Motrin do represent the traditional first line of treatment for various chronic pain conditions, including the chronic low back pain reportedly present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, however, the applicant's permanent work restrictions were renewed on July 23, 2015, seemingly unchanged from previous visits. It did not appear that the applicant was working with said limitations in place. Ongoing usage of Motrin failed to curtail the applicant's dependence on opioid agents such as Tramadol and or topical compounds such as the Flurbiprofen-containing agent also at issue. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the same. Therefore, the request was not medically necessary.

**Flurbi-Menthol-Caps Camph cream with three refills (dosage and frequency not provided):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**Decision rationale:** Similarly, the request for a Flurbiprofen-menthol-capsaicin-Camphor containing topical compound was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, there is "little evidence" to utilize topical NSAIDs such as Flurbiprofen, i.e., the primary ingredient in the compound, in the treatment of the spine. Here, the applicant's primary pain generator was, in fact, the lumbar spine, i.e., a body part for which there is little evidence to utilize topical NSAIDs such as Flurbiprofen, the primary ingredient in the compound. Since one or more ingredients in the compound were not recommended, the entire compound was not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.