

<b>Case Number:</b>	CM15-0197516		
<b>Date Assigned:</b>	10/12/2015	<b>Date of Injury:</b>	10/08/2012
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	09/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2015

### 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

### 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 52 year old female, who sustained an industrial injury on 10-8-2012. A review of the medical records indicates that the injured worker is undergoing treatment for cervical spine degenerative disc disease with evidence of radiculitis and cervicogenic headaches. On 7-8-2015, the injured worker reported ongoing neck pain radiating into the right shoulder and arm with numbness, tingling, burning, and difficulty sleeping, as well as headaches. The Primary Treating Physician's report dated 7-8-2015, noted examination of the cervical spine revealed ongoing tenderness over the paraspinal muscles with associated guarding, positive compression test, and tenderness to palpation and muscle spasm over the right medial border of the scapula and also over the bilateral upper trapezius muscles. Decreased sensation was noted at the C5 through C7 dermatomes bilaterally, more pronounced on the right, with weakness of the bilateral triceps. The examination was unchanged from the previous examination on 5-27-2015. The injured worker's current medications were not included in the progress note. The treatment plan was noted to include a scheduled evaluation by a spine surgeon for consideration of a cervical discectomy and fusion. The injured worker's work status was noted to be temporarily totally disabled. A request for authorization dated 6-3-2015, noted the request for Anaprox, Fexmid, and Flurbiprofen 25% in Lipoderm base that were all dispensed on 5-27-2015. The request for authorization dated 6-3-2015, requested Flurbiprofen 25% in Lipoderm base. The Utilization Review (UR) dated 9-25-2015, non-certified the request for Flurbiprofen 25% in Lipoderm base.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen 25% in lipoderm base:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** The current request is for Flurbiprofen 25% in Lipoderm base. Treatment history includes physical therapy, and mediations. The patient is temporarily totally disabled. MTUS Chronic pain guidelines 2009, page 111, and Topical Analgesics section states: Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. MTUS guidelines page 111, do not support the use of topical NSAIDs such as Flurbiprofen for axial, spinal pain, but supports its use for peripheral joint arthritis and tendinitis. Per report 08/19/15, the patient presents with chronic neck pain with radiating symptoms into the bilateral upper extremities. Examination revealed ongoing tenderness over the paraspinal muscles with associated guarding, positive compression test, and muscle spasm over the right medial border of the scapula. Decreased sensation was noted at the C5 through C7 dermatomes bilaterally. The patient reported that the Flurbiprofen topical cream has been helping her symptoms, with no side effects, unlike oral medications. The treater recommended a refill. This topical mediation has been prescribed for the patient's chronic neck pain, and MTUS does not support use of topical Flurbiprofen for axial or spinal pain. Therefore, further use is not supported. This request is not medically necessary.