

<b>Case Number:</b>	CM15-0203478		
<b>Date Assigned:</b>	10/20/2015	<b>Date of Injury:</b>	09/24/2013
<b>Decision Date:</b>	12/03/2015	<b>UR Denial Date:</b>	09/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2015

### 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: North Carolina  
 Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 28-year-old male with a date of injury on 9-24-13. A review of the medical records indicates that the injured worker is undergoing treatment for lower back pain. Progress report dated 7-13-15 reports continued complaints of lower back pain rated 4-7 out of 10 with constant aching and occasional pain radiating to the left lower extremity with occasional numbness in the left leg to the knee. The pain increases with prolonged sitting, standing and walking. He reports pain in bilateral buttocks. He states his neck is doing well and better tolerated. Objective findings: no change, difficulty rising from sitting, moves with stiffness, antalgic gait, medications help with pain. He has persistent symptoms, left epidural steroid injection previously recommended. Tried physical therapy and chiropractic without benefit, may benefit from longer-term epidural steroid injection. Progress report dated 8-19-15 reports no change in symptoms and did not improve with conservative care. Epidural steroid injection requested and Flurbiprofen cream prescribed. MRI of lumbar spine 8-15-14 revealed 2 mm herniated nucleus pulposus. Left SI joint injection 5-6-15 decreased the pain for one weeks. Treatments include: medication, physical therapy 18 sessions, chiropractic 12 sessions, acupuncture 6 sessions, epidural steroid injections. According to the medical records as of 6-1-15 medications listed is Soma. Left SI joint injection 5-6-15 decreased the pain for one week. Request for authorization dated 8-25-15 was made for compound Flurbiprofen Cream. Utilization review dated 9-14-15 non-certified the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound Flurbiprofen cream:** Upheld

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

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

**Decision rationale:** The California chronic pain medical treatment guidelines section on topical analgesics states: Recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Topical analgesic NSAID formulations are not indicated for long-term use and have little evidence for treatment of the spine, hip or shoulder. This patient does not have a diagnosis of osteoarthritis or neuropathic pain that has failed first line treatment options. The patient has back pain complaints. Therefore, criteria for the use of topical NSAID therapy per the California MTUS have not been met and the request is not medically necessary.