

<b>Case Number:</b>	CM15-0219715		
<b>Date Assigned:</b>	11/12/2015	<b>Date of Injury:</b>	06/24/2014
<b>Decision Date:</b>	12/23/2015	<b>UR Denial Date:</b>	10/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/09/2015

### 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: 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 injured worker is a 54 year old male who sustained an industrial injury 06-24-14. A review of the medical records reveals the injured worker is undergoing treatment for chronic neck strain with 2 level large herniated discs causing intermittent radiculopathy into the right upper extremity and left shoulder impingement. Medical records (09-15-15) reveal the injured worker complains of neck pain with stiffness and radiating pain to both shoulders and numbness in the right forearm, 4th and 5th digits of the right hand, and left shoulder pain with popping. Pain is rated at 3-4/10. The physical exam (09-15-15) reveals muscle guarding in the neck as well as tenderness to palpation of the paraspinal musculature. In the shoulder there was painful ac against resisted abduction on the left as well as myofascial tenderness to palpation bilaterally to the trapezius and supraspinatus tendon tenderness to palpation on the left. Prior treatment includes medications including Anaprox and Prilosec. The original utilization review (10-26-15) non-certified the request for Flurbiprofen 240gm.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen 240gms #1:** 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:** MTUS Guidelines are very specific with the recommendation that only FDA/Guideline approved agents be utilized and that any compound containing non-approved agent(s) is not recommended. Guidelines do not support the use of topical Flurbiprofen and there are other supported alternative topical NSAIDs if this is indicated. There is no medical rationale to support the use of a compounded agent when FDA approved alternatives are available. The Flurbiprofen 240gm. #1 is not supported by Guidelines and is not medically necessary.