

<b>Case Number:</b>	CM15-0224269		
<b>Date Assigned:</b>	11/20/2015	<b>Date of Injury:</b>	10/19/2009
<b>Decision Date:</b>	12/30/2015	<b>UR Denial Date:</b>	11/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/16/2015

### 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: 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:

The injured worker is a 72-year-old male, who sustained an industrial injury on 10-19-09. The injured worker has complaints of cervical spine, lumbar spine, bilateral shoulders and left hip pain. The pain is made worse with activities. Cervical spine revealed tenderness over the midline and there is tenderness and hypertonicity noted over musculature. Lumbar spine examination revealed tenderness over the midline and there is tenderness and hypotonicity noted over the paraspinal musculature. Left shoulder revealed forward flexion and abduction of 140 degrees and internal and external rotation of 60 degrees and right shoulder revealed flexion 160 degrees. The diagnoses have included cervical disc disorder, unspecified mid-cervical region and intervertebral disc disorders with radiculopathy, lumbar region. Treatment to date has included physical therapy to the bilateral shoulders; chiropractic treatment to the lumbar spine with only 1 out of 12 sessions done on 10-8-15 and topical cream. The injured worker has been on flurbiprofen-menthol since at least July 13, 2015. The original utilization review (11-2-15) non-certified the request for flurbiprofen-menthol (20%5%), 180 Gm.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen/Menthol (20%5%), 180 Gm: 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:** Per the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The MTUS guidelines state that 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. The MTUS guidelines also state that there is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. In this case, the injured worker has complaints of cervical spine, lumbar spine, bilateral shoulders and left hip pain. The injured worker has been on flurbiprofen-menthol since at least July 13, 2015. The requested topical medication is not supported. The request for Flurbiprofen/Menthol (20%5%), 180 Gm is not medically necessary and appropriate.