

<b>Case Number:</b>	CM15-0049940		
<b>Date Assigned:</b>	03/23/2015	<b>Date of Injury:</b>	09/30/2003
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2015

### 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: New Jersey  
 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 54 year old male with an industrial injury dated 10/02/2003. His diagnosis includes permanent implantation of spinal cord stimulator, complex regional pain syndrome of the right lower extremity, right peroneal and posterior tibial neuropathy and status post right foot and ankle trauma. Prior treatment includes spinal cord stimulator, medications and tibial nerve block procedures. Medically he was treated for prostate cancer. He presents on 02/06/2015 with right lower extremity pain. He rates the pain as 6-7 at its worst and at 3-4 with medication. Physical exam revealed muscular guarding over the erector spine muscle and gluteus maximus region. Range of motion of the lumbar spine was decreased. Lower extremity examination revealed tenderness. The provider notes the injured worker can also benefit from a topical compound cream which can help inflammation and minimize his dependency on oral narcotic. The provider documents the injured worker is unable to tolerate oral anti-inflammatory drugs due to gastrointestinal problem and requested authorization for Flurbiprofen cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen 20% 240gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

**Decision rationale:** The MTUS Chronic Pain Guidelines state that topical analgesics are generally considered experimental as they have few controlled trials to determine efficacy and safety currently. Topical NSAIDs, specifically, have some data to suggest it is helpful for osteoarthritis and tendinitis for at least short periods of time, but there are no long-term studies to help us know if they are appropriate for treating chronic musculoskeletal pain. Topical NSAIDs have not been evaluated for the treatment of the spine, hip, or shoulder. Although some topical analgesics may be appropriate for trial as a secondary agent for neuropathic pain after trials of oral therapies have been exhausted, topical NSAIDs are not recommended for neuropathic pain. The only FDA-approved topical NSAID currently is Voltaren gel (diclofenac). Ketoprofen is not currently one of the topical NSAIDs available that is FDA approved, and it has a high incidence of photocontact dermatitis. All topical NSAID preparations can lead to blood concentrations and systemic effect comparable to those from oral forms and caution should be used for patients at risk, including those with renal failure and hypertension. In the case of this worker, based on the fact that the worker is intolerant to oral NSAIDs and other therapies have been tried, topical NSAIDs might be considered on an as needed basis, but not for the worker's neuropathic pain. Also, flurbiprofen is not FDA approved in topical form. Therefore, the request for flurbiprofen 20% 240 gm will be considered medically unnecessary.