

<b>Case Number:</b>	CM15-0059414		
<b>Date Assigned:</b>	04/03/2015	<b>Date of Injury:</b>	03/13/2002
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	03/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/30/2015

### 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 47 year old male, who sustained an industrial injury on 3/13/2002. The mechanism of injury was not provided for review. The injured worker was diagnosed as having lumbar radiculopathy. Lumbar magnetic resonance imaging showed disc bulging. Treatment to date has included physical therapy, spinal cord stimulator and medication management. In a progress note dated 10/6/2014, the injured worker complains of low back pain. The treating physician is requesting Flurbiprofen cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen Cream 120mg (02/23/2015): Upheld**

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

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

**Decision rationale:** MTUS Guidelines are very specific stating that only FDA or Guideline recommended topical agents for pain are appropriate. The Guidelines address topical NSAIDs in

detail and topical compounded Flurbiprofen is not a recommended medications. There are other supported topical NSAIDs and it is not clear why one of these is not recommended. There are no unusual circumstances to justify an exception to Guidelines. The topical Flurbiprofen cream is not Guideline supported and is not medically necessary.