

<b>Case Number:</b>	CM15-0083702		
<b>Date Assigned:</b>	05/06/2015	<b>Date of Injury:</b>	02/17/2003
<b>Decision Date:</b>	06/10/2015	<b>UR Denial Date:</b>	04/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2015

### 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: Physical Medicine & Rehabilitation, Pain Management, 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 75 year old male, who sustained an industrial injury on 2/17/03. The mechanism of injury was not noted. The diagnoses have included cervical facet syndrome, depression and post traumatic headaches. Treatment to date has included medications, diagnostics and conservative care. The diagnostic testing that was performed included x-ray of the cervical spine which revealed facet osteophytosis and multi-level anterior disc calcifications. Currently, as per the physician progress note dated 4/2/15, the injured worker complains of constant pain in the head with frequent headaches and pain that radiates into the neck and shoulders. He also reports dizziness, anxiety and depression which have been more than usual over the past month. The objective findings revealed neck movements are diminished and restricted due to pain, there is decreased hearing and diminished ability to differentiate whisper and Dix hall pike maneuver was abnormal. He reports improved hearing with the hearing aids that he received recently. The current medications included Celexa and Flurbiprofen 20% Lidocaine 5% topical analgesic. Work status was temporary totally disabled until next appointment. The physician requested treatment included Flurbiprofen 20% Lidocaine 5% to apply to the affected area.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen 20% Lidocaine 5%:** 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.

**Decision rationale:** MTUS 2009 states that topical agents are typically indicated for neuropathic pain and that topical agents containing non-steroidal anti-inflammatory drugs such as flurbiprofen can be used in the short term for superficial joints such as the knee. The painful area in this case is the neck and there is no evidence of neuropathic pain. There is no clinical evidence that the requested topical analgesic is as safe or as effective as more commonly available topical agents. This request for a topical agent does not adhere to MTUS 2009 and is not medically necessary based upon the clinical information reviewed.