

<b>Case Number:</b>	CM15-0085474		
<b>Date Assigned:</b>	05/08/2015	<b>Date of Injury:</b>	09/17/2009
<b>Decision Date:</b>	06/18/2015	<b>UR Denial Date:</b>	04/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal 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 62 year old female who sustained an industrial injury on 09/17/2009. Diagnoses include lumbosacral sprain/strain injury, left leg fracture status post left ankle surgery on 07/14/2011, lumbosacral disc injury, and lumbosacral radiculopathy. Treatment to date has included diagnostic studies, medications, functional restoration program, and home exercises. A physician progress note dated 03/12/2015 documents the injured worker has continued pain and discomfort. She is complaining of back pain radiating down into her legs. She uses a cane for balance and ambulation. There is lumbar paraspinous tenderness to palpation and painful range of motion. Treatment requested is for Flurbiprofen 20% #120gm, QTY: 1, DOS: 02/12/2015, Flurbiprofen 20% #30gm, QTY: 1, DOS: 02/12/2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen 20% #30gm, QTY: 1, DOS: 02/12/2015:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Topical Flurbiprofen 20%, 30gm, February 12th 2015 is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical Flurbiprofen is not FDA approved for topical use. In this case, the injured worker's working diagnoses are lumbosacral sprain/strain injury; left leg fracture status post left ankle surgery July 14, 2011; lumbosacral disc injury; and lumbosacral radiculopathy. Documentation from the earliest progress note dated November 21, 2014 shows the treating provider prescribed ketoprofen cream. In a progress note dated February 12, 2015, the documentation indicates "refill ketoprofen and Flurbiprofen. The start date for Flurbiprofen is unclear based on the documentation. There is no documentation indicating objective functional improvement with Flurbiprofen. Additionally, there is no documentation evidencing a failed trial with antidepressants and anticonvulsants. Consequently, absent clinical documentation evidencing objective functional improvement and a failed trial with antidepressants and anticonvulsants, Topical Flurbiprofen 20%, 30gm, February 12th 2015 is not medically necessary.

**Flurbiprofen 20% #120gm, QTY: 1, DOS: 02/12/2015:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Topical Flurbiprofen 20%, 120gm, February 12th 2015 is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical Flurbiprofen is not FDA approved for topical use. In this case, the injured worker's working diagnoses are lumbosacral sprain/strain injury; left leg fracture status post left ankle surgery July 14, 2011; lumbosacral disc injury; and lumbosacral radiculopathy. Documentation from the earliest progress note dated November 21, 2014 shows the treating provider prescribed ketoprofen cream. In a progress note dated February 12, 2015, the documentation indicates "refill ketoprofen and Flurbiprofen. The start date for Flurbiprofen is unclear based on the documentation. There is no documentation indicating objective functional improvement with Flurbiprofen. Additionally, there is no documentation evidencing a failed trial with antidepressants and anticonvulsants. Consequently, absent clinical documentation evidencing

objective functional improvement and a failed trial with antidepressants and anticonvulsants, Topical Flurbiprofen 20%, 120gm, February 12th 2015 is not medically necessary.