

<b>Case Number:</b>	CM15-0086808		
<b>Date Assigned:</b>	05/11/2015	<b>Date of Injury:</b>	02/08/2007
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	04/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/06/2015

### 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: North Carolina, Georgia  
 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:

This 58-year-old male sustained an industrial injury on 2/8/07. He subsequently reported neck, shoulder and back pain. Diagnoses include cervical sprain/ strain and right shoulder sprain/ strain. Treatments to date include x-ray, nerve conduction and MRI testing, injections, physical therapy and prescription pain medications. The injured worker continues to experience neck pain that radiates into the right shoulder as well as numbness in his feet. On examination, there is tenderness over the cervical spine and decreased range of motion in the cervical spine was noted. A request for Flurbiprofen FBDHI Ointment Duration 2 Months Qty: 1.00 medications was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen FBDHI Ointment Duration 2 Months Qty: 1.00: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 111-113.

**Decision rationale:** CA MTUS recommends limited use of topical analgesics. There is limited evidence for short-term use of topical NSAID analgesics for osteoarthritis with most benefit seen in use up to 12 weeks but no demonstrated benefit beyond this time period. Flurbiprofen ointment is being prescribed in this case beyond this 12-week period and is not medically necessary.