

<b>Case Number:</b>	CM15-0089648		
<b>Date Assigned:</b>	05/14/2015	<b>Date of Injury:</b>	12/14/2006
<b>Decision Date:</b>	06/26/2015	<b>UR Denial Date:</b>	04/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/11/2015

### 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, North Carolina  
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 57 year old female, who sustained an industrial injury on 12/14/2006. She has reported subsequent low back, bilateral knee and bilateral shoulder pain and was diagnosed with cervical disc herniation with radiculopathy, cervical sprain/strain, lumbar stenosis with radiculopathy and left knee meniscal tear. Treatment to date has included oral pain medication, epidural blocks, chiropractic therapy and surgery. In a progress note dated 03/30/2015, the injured worker complained of neck pain with left arm numbness. Objective findings were notable for an antalgic gait and stiffness with movement. A request for authorization of Flurbiprofen cream was submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen cream with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics - topical non-steroidal anti-inflammatory drugs (NSAIDs).

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

**Decision rationale:** According to the CA MTUS Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. For compounded products, the Guidelines state that if a compounded product contains at least one drug (or drug class) that is not recommended, it is not recommended. In this case, there is no evidence provided that oral NSAIDs have been ineffective, requiring the use of topical NSAIDs. In addition, topical flurbiprofen is indicated for rheumatoid arthritis and osteoarthritis. There is no indication in the records submitted that this patient has either of these conditions. Therefore, based on the findings above, this request is deemed not medically necessary or appropriate.