

<b>Case Number:</b>	CM15-0230856		
<b>Date Assigned:</b>	12/03/2015	<b>Date of Injury:</b>	10/15/2013
<b>Decision Date:</b>	01/08/2016	<b>UR Denial Date:</b>	10/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2015

### 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

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 43 year old male, who sustained an industrial injury on 10-15-13. Medical records indicate that the injured worker is undergoing treatment for lumbar spine disc protrusions, annular tear at lumbar four-lumbar five with stenosis, right lumbar five-sacral one neuroforaminal narrowing and right lower extremity radiculopathy. The injured worker is temporarily totally disabled. On (8-20-15) the injured worker reported a flare-up of low back pain. The pain was rated 8 out of 10 on the visual analog scale. Objective findings revealed tenderness to palpation over the lumbar spine. Range of motion noted flexion to be 20 degrees, extension 5 degrees and right and left lateral flexion 10 degrees. A straight leg raise was positive bilaterally. Treatment and evaluation to date has included medications, urine drug screen, physical therapy, chiropractic treatments, acupuncture treatments, epidural steroid injection, shockwave treatments, weight loss program and a home exercise program. Current medications include Norco, Flurbiprofen Cream 240 grams (since at least July of 2015), Gabapentin cream and Terocin patches. The Request for Authorization dated 10-23-15 included a request for Flurbiprofen Cream 240 grams. The Utilization Review documentation dated 10-29-15 non-certified the request for Flurbiprofen Cream 240 grams.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen Cream Sig: thin layer 2-3 times day prn 240grams: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** The California chronic pain medical treatment guidelines section on topical analgesics states: Recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Topical analgesic NSAID formulations are not indicated for long-term use and have little evidence for treatment of the spine, hip or shoulder. This patient does not have a diagnosis of osteoarthritis or neuropathic pain that has failed first line treatment options. The patient has low back pain complaints. Therefore criteria for the use of topical NSAID therapy per the California MTUS have not been met and the request is not medically necessary.