

<b>Case Number:</b>	CM14-0115712		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	02/02/2012
<b>Decision Date:</b>	10/28/2014	<b>UR Denial Date:</b>	07/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2014

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation & Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 49-year-old male who reported an injury on 02/02/2012. The mechanism of injury was not provided. The injured worker's diagnoses included cervical spine strain, thoracic strain, lumbar spine strain, status post right knee surgery, left knee strain, right ankle strain, left ankle strain, and other problems unrelated to current evaluation. The injured worker's past treatments included medications, physical therapy, and surgery. On the clinical note dated 06/24/2014, the injured worker complained of pain in the neck, upper back, lower back, right knee/leg, left leg, left ankle. The injured worker indicated he had pain rated 2/10 in his knee. The injured worker had light touch sensation to the right mid anterior thigh, right mid lateral calf, right lateral ankle, all noted as intact. The injured worker's medications included omeprazole 20 mg, 1 daily; Ceftin 250 mg twice a day; hydrocodone/APAP 2.5/325 mg, frequency not provided; and Restoril 15 mg at bedtime. The request was for compound flurbiprofen 25%, diclofenac 10%. The rationale for the request was not provided. The Request for Authorization was submitted on 06/25/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound: Flurbiprofen 25%, Diclofenac 10%:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS, Page(s): 111-112.

**Decision rationale:** The request for compound flurbiprofen 25%, diclofenac 10%, is not medically necessary. The injured worker is diagnosed with cervical spine strain, thoracic spine strain, lumbar spine strain, status post right knee surgery, left knee strain, right ankle strain, and left ankle strain. California MTUS Guidelines recommend topical analgesics for short term use of 4 to 12 weeks. The guidelines primarily recommend topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Nonsteroidal anti-inflammatory agents may be useful for chronic musculoskeletal pain, but there are no long term studies of their effectiveness or safety. The injured worker has been prescribed flurbiprofen/diclofenac cream since at least 03/04/2014. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. There is a lack of documentation that indicates the injured worker has decreased functional deficits. There is a lack of documentation of the efficacy of the medication regimen, the timeframe of efficacy, the efficacy of functional status that the medication provides, and the pain rating pre and post medication. The injured worker's medical records do not indicate a trial of antidepressants and anticonvulsants to have been failed. Additionally, the request does not indicate the dosage, frequency, or quantity of the medication. As such, the request for compound flurbiprofen 25%, diclofenac 10% is not medically necessary.