

<b>Case Number:</b>	CM15-0100347		
<b>Date Assigned:</b>	06/02/2015	<b>Date of Injury:</b>	09/13/1999
<b>Decision Date:</b>	06/30/2015	<b>UR Denial Date:</b>	05/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/26/2015

### 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: New York, Pennsylvania, Washington  
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 64 year old female who sustained an industrial injury on 9/13/99 when she fell off a chair injuring her shoulder, neck and low back. She currently complains of bilateral shoulder neck and low back pain with a pain level of 6/10. Medications are Norco, Advil, Tramadol, Flexeril, Mobic, compounded creams. Diagnoses include lumbar facet arthropathy without myelopathy; myofascial pain syndrome; neuralgia, neuritis and radiculitis; cervical spondylosis without myelopathy. Treatments to date include physical therapy, chiropractic treatments, acupuncture and medications all offering modest relief. Transcutaneous electrical nerve stimulator unit offered excellent relief. Right medial branch nerve block and home exercise program. Diagnostics include MRI lumbar spine (3/12) showing disc bulge and facet arthropathy. In the progress note dated 12/4/15 the treating provider's plan of care included the request to continue compounded creams. On 5/21/15 Utilization Review evaluated a request for flurbiprofen 240 ordered 3/11/15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen QTY: 240 (DOS: 03/11/2015): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 6-73.

**Decision rationale:** Per the guidelines, in chronic low back pain, NSAIDs are recommended as an option for short-term symptomatic relief. Likewise, for the treatment of long-term neuropathic pain, there is inconsistent evidence to support efficacy of NSAIDs. The medical records fail to document any improvement in pain or functional status or a discussion of side effects specifically related to NSAIDS (mobic) to justify use. The request of a flurbiprofen is not medically necessary or substantiated in the records.