

<b>Case Number:</b>	CM15-0016404		
<b>Date Assigned:</b>	02/04/2015	<b>Date of Injury:</b>	07/11/2011
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	01/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/28/2015

### 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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 45 year old male who sustained an industrial injury on July 11, 2011. He has reported low back pain and has been diagnosed with chronic lumbar strain and lumbar spondylosis. Treatment has included a home exercise program, injection, and medications. Currently the injured worker complains of tenderness to the lumbosacral area. The treatment plan included range of motion exercises and medications. On January 28, 2015 Utilization Review non certified Flurbiprofen cream (dosage and quantity unspecified) citing the MTUS guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen cream (dosage and quantity unspecified): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Topical analgesics

**Decision rationale:** The injured worker sustained a work related injury on July 11, 2011. The medical records provided indicate the diagnosis of with chronic lumbar strain and lumbar spondylosis. Treatment has included a home exercise program, injection, and medications. The medical records provided for review do not indicate a medical necessity for Flurbiprofen cream (dosage and quantity unspecified). The MTUS does not recommend the use of any product that contains at least one drug (or drug class) that is not recommended. The Official Disability Guidelines states that the only FDA approved topical NSAID is Diclofenac.