

<b>Case Number:</b>	CM15-0120098		
<b>Date Assigned:</b>	06/30/2015	<b>Date of Injury:</b>	08/23/2010
<b>Decision Date:</b>	07/29/2015	<b>UR Denial Date:</b>	06/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/22/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 52 year old male with an August 23, 2010 date of injury. A progress note dated May 13, 2015 documents subjective complaints (lower back pain rated at a level of 6-7/10 that radiates to the bilateral legs with numbness and tingling; bilateral shoulder pain rated at a level of 4/10; bilateral wrist pain rated at a level of 6/10; bilateral knee pain rated at a level of 6/10; bilateral hand pain rated at a level of 6/10), objective findings (decreased range of motion of the lumbar spine; tenderness to palpation of the bilateral sacroiliac joints and lumbar paravertebral muscles; spasms of the lumbar paravertebral muscles; no abnormalities documented in the bilateral shoulders, bilateral wrists, or bilateral knees), and current diagnoses (lumbar radiculitis; lumbar sprain/strain; right shoulder sprain/strain; left shoulder sprain/strain; right wrist sprain/strain; left wrist sprain/strain; right knee sprain/strain). Treatments to date have included medications, acupuncture, and imaging studies. The treating physician documented a plan of care that included Flurbiprofen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen quantity 180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, (2) Topical Analgesics, (3) NSAIDs, specific drug list & adverse effects Page(s): 60, 72, 111-113.

**Decision rationale:** The claimant sustained a work injury in August 2010 and continues to be treated for low back and bilateral shoulder, wrist, knee, and hand pain. Pain was rated at 4-7/10. Physical examination findings included decreased lumbar spine range of motion with paraspinal and sacroiliac joint tenderness. There were lumbar paraspinal muscle spasms. Flurbiprofen was prescribed at an unknown dose and administration route. Oral NSAIDs (non-steroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain including chronic low back pain and radicular pain syndromes. Dosing of Flurbiprofen is 200-300 mg per day at intervals of 2 to 4 divided doses and a maximum daily dose of 300 mg/day. Compounded topical preparations of Flurbiprofen are used off-label (non-FDA approved) and have not been shown to be superior to commercially available topical medications such as diclofenac. The claimant has not had a trial of topical diclofenac and if being prescribed as a topical agent this medication was not medically necessary. In this case, the dose being prescribed is unknown and if being prescribed as an oral agent, the request cannot be considered as being medically necessary.