

<b>Case Number:</b>	CM15-0173668		
<b>Date Assigned:</b>	09/15/2015	<b>Date of Injury:</b>	09/08/2014
<b>Decision Date:</b>	10/22/2015	<b>UR Denial Date:</b>	08/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2015

### 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, New York, California  
 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 applicant is a represented 55-year-old who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of September 8, 2014. In a Utilization Review report dated August 7, 2015, the claims administrator failed to approve a request for a flurbiprofen-containing topical compound. An RFA form dated May 20, 2015 and an associated progress note dated May 13, 2015 were referenced in the determination. The applicant's attorney subsequently appealed. On May 13, 2015, the applicant was given refills of oral Naprosyn and the flurbiprofen-containing topical compound in question. Ongoing complaints of shoulder pain were reported. The applicant reported difficulty getting up out of a bed owing to ongoing pain complaints. The applicant was placed off work, on total temporary disability. On June 11, 2015, it was acknowledged that the applicant was on Tylenol No. 4, Naprosyn, Ambien, Protonix, Ativan, Paxil, and the topical compounded flurbiprofen-containing agent in question.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for flurbiprofen 25% in Lipodem base appy TID 30 mg tube DOS not provided:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

**Decision rationale:** No, the request for a flurbiprofen-containing topical compound was not medically necessary, medically appropriate, or indicated here. As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, there is "little evidence" to utilize topical NSAIDs such as flurbiprofen, the primary ingredient in the compound for the spine, hip, and the shoulder. Here, the applicant's primary pain generator was, in fact, the shoulder, i.e., a body part for which there is "little evidence" to utilize topical flurbiprofen, per page 112 of the MTUS Chronic Pain Medical Treatment Guidelines. Since the primary ingredient in the compound was not recommended, the entire compound was not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. The applicant's concomitant usage of numerous first-line oral pharmaceuticals to include Tylenol No. 4, Naprosyn, etc., obviated the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems the "largely experimental" topical compounded agent in question. Therefore, the request was not medically necessary.