

<b>Case Number:</b>	CM13-0016841		
<b>Date Assigned:</b>	11/06/2013	<b>Date of Injury:</b>	02/22/2010
<b>Decision Date:</b>	08/25/2014	<b>UR Denial Date:</b>	08/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2013

### 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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of February 20, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; opioid therapy; adjuvant medications; unspecified amounts of physical therapy; and attorney representation. In a utilization review report dated August 9, 2013, the claims administrator denied a request for topical flurbiprofen-containing gel. The applicant's attorney subsequently appealed. On February 7, 2013, the applicant was described as status post earlier shoulder surgery on October 24, 2012, the applicant was described as disabled. The applicant was given prescriptions for Norco, Zanaflex, Neurontin, and unspecified transdermal compounds. No rationale for selection and/or ongoing usage of the compound in the question was proffered. In a later note dated September 30, 2013, the applicant was again described as having persistent complaints of shoulder pain, 7/10. The applicant was described as using Norco, Flexeril, Neurontin, Medrox, and other topical compounded creams. Both flurbiprofen containing topical compound and topical Medrox patches were endorsed. MRI imaging of the shoulder was also sought. The applicant's work status was not provided, although it did not appear that the applicant was working.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FLURIBIPROFEN 20% GEL.:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Topical Analgesics topic Page(s): 111.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, page 47, oral pharmaceuticals are the first-line palliative method. In this case, the applicant's ongoing usage of numerous first line oral pharmaceuticals, including Norco, Flexeril, and Neurontin, taken together, effectively obviate the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems largely experimental topical compound such as the flurbiprofen-containing gel at issue here. Furthermore, no rationale for selection and/or ongoing usage of the flurbiprofen-containing gel was proffered in the face of the unfavorable MTUS recommendation. Therefore, the request for Flurbiprofen 20% Gel was not medically necessary.