

<b>Case Number:</b>	CM13-0019669		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	03/12/2003
<b>Decision Date:</b>	01/15/2014	<b>UR Denial Date:</b>	08/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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 low back pain, chronic neck pain, wrist arthroscopy, and scapholunate ligament reconstruction on August 12, 2013. A claim was also filed for carpal tunnel syndrome associated with an industrial contusion injury on March 12, 2003. Thus far, the applicant has been treated with the following: analgesic medications, transfer of care to and from various providers in various specialties, anterior cervical discectomy and fusion surgery (April 2005), left elbow surgery (February 2012), revision cervical spine surgeries (2006 and 2012), and extensive periods of time off from work - the applicant has not returned to work since November 2011. A progress note dated August 7, 2013 does not employ narrative commentary, but does note that the applicant receives prescription refills, including Imitrex. An earlier progress note dated July 17, 2013 states that the applicant experiences multifocal wrist, mid-back, neck, shoulder, and wrist pain with associated headaches. The applicant is given prescriptions for Tramadol, Norco, Oxycodone, and multiple topical compounds, while remaining off work on total temporary disability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen-based topical cream, #120:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines -Chapter 3, oral pharmaceuticals are a first-line palliative method. In this case, the applicant is using multiple first-line oral pharmaceuticals without any reported difficulty, impediment, or impairment, effectively obviating the need for topical analgesics/compounds, such as the proposed Flurbiprofen-containing powder, which are, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, "largely experimental." It is incidentally noted that the applicant has failed to affect any lasting benefit or functional improvement through use of topical compounds. The fact that the applicant remains off work on total temporary disability and remains highly reliant on analgesic medications implies a lack of functional improvement as defined in MTUS 9792.20f. Therefore, the request is denied

**Ketoprofen powder 18gm, #18:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

**Decision rationale:** As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, Ketoprofen is not recommended or endorsed for topical compound use. This results in the entire compound carrying an unfavorable recommendation since the any topical compound cannot be recommended if it contains an ingredient that is not recommended. It is incidentally noted that the applicant has failed to affect any lasting benefit or functional improvement through use of topical compounds. The fact that the applicant remains off work on total temporary disability and remains highly reliant on analgesic medications implies a lack of functional improvement as defined in MTUS 9792.20f. Therefore, the request is denied.