

<b>Case Number:</b>	CM13-0021913		
<b>Date Assigned:</b>	11/13/2013	<b>Date of Injury:</b>	05/26/2011
<b>Decision Date:</b>	01/09/2014	<b>UR Denial Date:</b>	08/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2013

### 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 Anesthesiology, has a subspecialty in Pain 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 patient is a 55-year-old male who sustained a work related injury on 05/26/2011. The patient's diagnoses include lateral epicondylitis, skin sensation disturbance, depressive disorder, anxiety, and reflex sympathetic dystrophy of the upper limb. In the clinical information submitted for review, the patient was noted to have reported complaints of persistent right elbow pain consistent with lateral epicondylitis with failed lower levels of conservative care, and subsequently underwent right elbow arthroscopy, right elbow lateral epicondylectomy, and extensor conjoint-tendon tenolysis and decompression on 09/06/2013. The patient's most recent evaluation performed on 09/23/2013 documented wrist pain of 8/10 which was managed with trazodone, MS Contin, MSIR, and desipramine. Physical examination revealed decreased range of motion to the right shoulder and elbow, a well-healed surgical scar in the right elbow, and mild erythema over the right arm. The treatment plan consisted of pending authorization for right upper extremity EMG, medication refills, continuation of activities, and consideration of a stellate block in the future.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen compound powder dispensed on 7/18/13:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** CA MTUS Guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety and are primarily recommended for neuropathic pain where trials of antidepressants and anticonvulsants have failed. Additionally, topical NSAIDs are recommended for short term pain relief. In the clinical information provided for review, there was no evidence to suggest intolerance or failure of trials of antidepressants or anticonvulsants. Additionally, the documentation submitted for review fails to demonstrate that the requested medication has been used and fails to document efficacy of the requested medication. Lacking documentation of efficacy and lacking documentation that the guidelines would support this medication, the medical necessity of this request has not been established. The request for Flurbiprofen compounded powder is not medically necessary and appropriate.