

<b>Case Number:</b>	CM13-0026646		
<b>Date Assigned:</b>	11/22/2013	<b>Date of Injury:</b>	10/15/2009
<b>Decision Date:</b>	02/13/2014	<b>UR Denial Date:</b>	08/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2013

### 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 Physical Medicine and Rehabilitation, 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 38-year-old female who reported an injury on 10/15/2009. The mechanism of injury was not provided in the medical record. The most recent clinical documentation dated 04/29/2013 revealed the patient was working currently, and performing her usual and customary duties with no formal restrictions. She continued to have complaints of catching sensations with the left and right thumb. The patient was still having issues with her right index finger, and continuing to do therapy as suggested. The patient had undergone right carpal tunnel release procedure on 10/23/2012. She was recommended to continue a home exercise program, and anti-inflammatory medications as ordered.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbi (NAP) Cream-LA DOS 5/3/13:** Upheld

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

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

**Decision rationale:** Per California Medical Treatment Utilization Schedule (MTUS) Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to

determine efficacy or safety. Topical nonsteroidal anti-inflammatory agents are recommended for short term use for osteoarthritis. However, they are not recommended for neuropathic pain as there is no evidence to support the use. There is no documentation provided in the medical record suggesting the patient has diagnosis of osteoarthritis, and no clinical documentation suggestive that the requested topical Nonsteroidal anti-inflammatory drugs (NSAID) is medically necessary. The requested medication is not FDA regulated. Therefore, the request for Flurbi (NAP) Cream-LA DOS 5/3/13 is non-certified.