

<b>Case Number:</b>	CM13-0045729		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	09/01/2012
<b>Decision Date:</b>	03/18/2014	<b>UR Denial Date:</b>	11/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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 shoulder pain, low back pain, knee pain, and leg pain reportedly associated with a trip and fall industrial injury of September 1, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; prior left shoulder arthroscopy and rotator cuff debridement surgery on September 11, 2013; transfer of care to and from various providers in various specialties; and extensive periods of time off of work. In a Utilization Review Report of November 2, 2013, the claims administrator denied a request for topical flurbiprofen-containing cream. The applicant's attorney subsequently appealed. In a progress note of December 24, 2013, the applicant presents with persistent shoulder pain. The applicant has a history of complex partial seizures and hearing loss, it is noted. The applicant is presently on Motrin, AndroGel, Lamictal, and Cialis, it is noted. The applicant has a BMI of 26. The applicant is asked to remain off of work. The applicant was again placed off of work on November 26, 2013, it was noted. An earlier note of October 10, 2013 was notable for comments that the applicant was given a prescription for oral Vicodin at that point in time. On March 4, 2013, the applicant was given a trial of Flurbiprofen cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The Retrospective request for Trail of Flubiprofen Cream 25% 30mg, dispensed on 3/14/2013: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM and ODG Guidelines, CA 9792.20 - 9792.26 MTUS PAGE 111-112.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Initial Approaches to Treatment (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 3) page 47 as well as Chronic Pain Medical Treatment Guidelines 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 111 of 127.

**Decision rationale:** As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics, as a class, are "largely experimental." In this case, the applicant was described as using first-line oral pharmaceuticals, including Motrin and Vicodin, on multiple occasions throughout 2013 without any reported difficulty, impediment, and/or impairment, effectively obviating the need for the largely experimental Flurbiprofen- containing compound. Therefore, the request is retrospectively not certified.