

<b>Case Number:</b>	CM13-0057313		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	10/16/2011
<b>Decision Date:</b>	03/24/2014	<b>UR Denial Date:</b>	11/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2013

### 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, has a subspecialty in Interventional Spine, 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:

This patient is a 62-year-old male who sustained a work-related injury on 10/16/11. Per treating physician's report from 10/10/13, the patient presents with neck, mid back, upper back, low back, bilateral shoulder, arms, bilateral elbows, forearms, bilateral knees, ankle, and feet pain at an intensity ranging from 5-7/10. The listed diagnoses include rule out vision problem, cervical spine sprain/strain, disk protrusion per a 2012 MRI, thoracic and lumbar sprain/strain, abdominal wall strain, bilateral shoulder sprain/strain, left shoulder rotator cuff bursitis and impingement per a 2012 MRI, bilateral elbow sprain/strain and lateral epicondylitis, bilateral medial epicondylitis, bilateral wrist chronic overuse syndrome, bilateral wrist sprain/strain, bilateral knee sprain/strain, bilateral plantar fasciitis, left hernia repair on 9/21/12, elevated blood pressure, depression, and sleep disturbance. The patient was prescribed Relafen and Fluriflex. He indicates that topical creams are prescribed in association with the use of narcotic medication, as well as upper GI bleeding from the use of NSAID medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The request for Fluriflex 180mg twice a day:** Upheld

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

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

**Decision rationale:** This patient presents with widespread pain from the neck down to the feet, including the neck, thoracic/lumbar spine, shoulders, wrists, hands, knees, and ankles. The treating physician has prescribed Fluriflex, which is a topical NSAID. The MTUS guidelines state that topical NSAIDs are indicated for osteoarthritis and tendonitis, particularly of the knee, elbow, and other joints. This patient does present with knee, elbow, and other peripheral joint problems, and topical NSAIDs may be indicated. However, review of the reports from 7/15/13, 9/12/13, and 10/10/13 do not show any evidence that this medication is providing functional improvement in this patient. As such, the request is noncertified.

**The request for 60 Relafen 750mg twice a day:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 72-73.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60-61.

**Decision rationale:** This patient presents with widespread pain from the neck to the feet, including all four extremities. The treating physician prescribed Relafen on 9/12/13. Review of the 10/10/13 report does not show that there has been any difference in the patient's pain level. The MTUS guidelines recommend oral NSAIDs for chronic low back pain and other conditions. However, MTUS guidelines require that pain assessment and level of function be described as it relates to the medication used for chronic pain. In this case, the treating physician does not provide any evidence that this medication is directly benefiting this patient in terms of pain reduction and improvement in function. As such, the request is noncertified.