

<b>Case Number:</b>	CM13-0058628		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	05/30/2003
<b>Decision Date:</b>	06/19/2014	<b>UR Denial Date:</b>	11/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/27/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert 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 expert 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 is a 52 year old female who has reported low back and wrist pain after an injury on 05/30/2003. She has been diagnosed with a lumbar strain, carpal tunnel syndrome, and tenosynovitis. Monthly reports in 2013 from the primary treating physician show ongoing wrist and low back pain, with use of Diclofenac orally and Flurbiprofen topically. Per the PR2 dated 10/25/2013, the patient has been using Flurbiprofen 25% topical cream and Diclofenac. There was low back pain radiating to the left leg and wrist pain. Diagnoses included carpal tunnel syndrome and tenosynovitis, with no specific diagnosis for the low back. The injured worker was dispensed Voltaren-XR and Flurbiprofen 25% topical cream. On 11/19/13, a utilization review determination non-certified topical Flurbiprofen and certified oral Diclofenac. On 11/19/13, Utilization Review non-certified topical flurbiprofen and certified oral diclofenac. The decision was supported by a citation from the MTUS. This Utilization Review decision was appealed for Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**30GM FLURBIPROFEN 25% TOPICAL CREAM 120GM TUBE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: Chronic Pain Medical Treatment Guidelines, ,

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; Topical medications Page(s): 60; 111-113.

**Decision rationale:** According to the MTUS Chronic Pain Guidelines, topical NSAIDs for short term pain relief may be indicated for pain in the extremities caused by osteoarthritis or tendonitis. There is no good evidence supporting topical NSAIDs for axial pain. This patient is already taking an oral NSAID (Diclofenac), making a topical NSAID duplicative and unnecessary, as well as possibly toxic. Note that topical flurbiprofen is not FDA approved, and is therefore experimental and cannot be presumed as safe and efficacious. The topical NSAID prescribed for this injured worker is not medically necessary and appropriate based on the MTUS Chronic Pain Guidelines, lack of medical evidence, redundant prescribing, and lack of FDA approval.