

<b>Case Number:</b>	CM14-0000825		
<b>Date Assigned:</b>	01/22/2014	<b>Date of Injury:</b>	05/30/2003
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	12/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/02/2014

### 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 Disease/Critical Care 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:

The injured worker reported an injury on 05/30/2003 secondary to an unknown mechanism of injury. The injured worker was evaluated on 11/22/2013 for reports of mild right wrist pain. The injured worker reported relief of pain with the use of Voltaren and Flurbiprofen compound topical medication. The exam noted full range of motion of the right wrist with tenderness over the right wrist. The exam of the upper extremities noted normal for motor, reflex, and sensory evaluations. The diagnoses included tendinitis of the right wrist and carpal tunnel syndrome of the right wrist. Treatment plan included continuation of medication and working with ergonomic equipment. The Request for Authorization dated 11/22/2013 was provided in the documentation.

### 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:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines, Topical Analgesics.

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

**Decision rationale:** The California MTUS Guidelines state topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis,

but either not afterward or with a diminishing effect over another 2 week period. There is a significant lack of objective clinical findings to indicate the need for the prescribed medication. There is no quantitative value for pain or functional deficits in the exam notes. There is also a lack of diagnosis of osteoarthritis in the documentation provided. Therefore, based on the documentation provided, the request for 30gm Flurbiprofen 25% topical cream 120gm tube is not medically necessary and appropriate.