

<b>Case Number:</b>	CM14-0005666		
<b>Date Assigned:</b>	02/07/2014	<b>Date of Injury:</b>	01/09/2013
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	01/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2014

### 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 Physical Medicine & 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 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 patient reported a date of injury of 01/09/2013. The listed diagnosis per [REDACTED] is twisting injury of the right foot. According to report 11/12/2013 by [REDACTED], the patient presents with ongoing foot pain. X-rays from 06/08/2013 revealed mild chronic valgus angulation at the 1st interphalangeal joint and chronic fusion to the 2nd PIP joint. His pain is specifically locally between the 1st and 2nd metatarsals and refers to the sole of his foot. The patient's pain is relieved with anti-inflammatories but it makes him nauseated. Recommendation is for topical anti-inflammatory as a trial. The request is for retrospective prescribed medication Flurbiprofen/Diclofenac topical cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE FLUR/DIEL 11/22/2013:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines, Topical/Compounded.

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

**Decision rationale:** This patient presents with continued right foot pain. The patient has side effects of nausea with oral anti-inflammatories. The physician would like patient to trial a topical anti-inflammatory including Flurbiprofen and Diclofenac. The MTUS Guidelines page 111 has the following regarding topical creams, "topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." For Flurbiprofen, MTUS states, "the efficacy in clinical trials for this treatment modality has been inconsistent, and most studies are small and of short duration. Topical NSAIDs had been shown in the meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis. Indications for use are osteoarthritis and tendinitis (in particular, that of the knee and elbow) or other joints that are amendable to topical treatment. In this case, the patient does not meet the indication for the topical medication as he does not present with any osteoarthritis or tendonitis symptoms. Therefore, the retrospective request for flur/diel (DOS: 11/22/2013) is not medically necessary and appropriate.