

<b>Case Number:</b>	CM14-0106403		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	10/01/2012
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	06/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2014

### 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 and is licensed to practice in Illinois. 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 is a 64-year-old female who reported an injury on 10/01/2012 due to a slip and fall. On 06/11/2014, she reported that her left shoulder was better than before surgery and that, the olecranon bursitis was still sore and there was a lot of soreness on the right medial knee. Objective clinical findings revealed 170 degrees of abduction to the left shoulder, very tender PES (pes anserine bursa) insertion to the right knee, which was injected with Kenalog. Diagnostic studies were not provided for review. Surgical history included an unspecified left shoulder surgery performed on an unspecified date. Her diagnoses included patella chondromalacia, dislocation of the acromioclavicular, tendinosis of the shoulder, and olecranon bursitis. Medications included flurbiprofen topical cream. Past treatments included medications and Kenalog injections. The treatment plan was for flurbiprofen cream 30 mg for the right knee and shoulder every 12 hours. The request for authorization form was signed on 06/12/2014. The rationale for treatment was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fluriprofen cream 30mg for right knee and shoulder every 12 hours: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-114.

**Decision rationale:** The request for flurbiprofen cream 30 mg for the right knee and shoulder every 12 hours is not medically necessary. Per the note dated 06/11/2014, the injured worker reported that her left shoulder was better than before surgery and that she still had a lot of soreness on the right medial knee. Objective findings included 170 degrees of abduction to the left shoulder and very tender PES (pes anserine bursa) insertion of the right knee. The California MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The Guidelines state that topical NSAIDs are recommended for short-term use of 4 to 12 weeks for osteoarthritis and tendinitis, in particular that of the knee and elbow or other joints that are amenable to topical treatment. Based on the clinical information submitted for review, the injured worker did have tendinitis of the shoulder; however, there appears to be no significant findings to indicate the use of flurbiprofen for the right knee. In addition, topical NSAIDs are only recommended for a short-term use of 4 to 12 weeks, and it is unclear how long the injured worker had been utilizing this medication because there was no documentation regarding its use. Without knowledge of how long the patient had been using flurbiprofen cream prior to the date of the office visit on 06/11/2014, continued use (if used previously) would not be supported as it is only recommended for a short period of time. As such, the request is not medically necessary.