

<b>Case Number:</b>	CM14-0112112		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	05/02/2013
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	06/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2014

### 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 and Rehabilitation, and is licensed to practice in Alabama and Maryland. 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 is a 70 year old female who sustained an injury on 5/2/13. The mechanism of injury was due to cumulative trauma. The patients diagnoses were right torator cuff sprain, thoracic spine sprain, and right lateral epicondylitis. Medical records state that patient has been treated with multiple medications, PT, OT, splints, cortisone injections with only minimal relief. A progress note on 4/17/14 indicates that the patient had constant 4-5/10 neck pain radiating to the right shoulder down to her hand with weakness, 4-5/10 pain in the throcacic spine, bilateral shoulder, and right hand pain with loss of grip strength and sensation deficits. The patients right shoulder range of motion was limited with 4/5 strength, positive neer's and hawkins impingement tests. As part of the plan, there was a request for flurbiprogen made and is being questioned here.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen 180gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261, Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation US National Institutes of Health (NIH) National Library of Medicine (NLM) PubMed, 2014, (<http://www.ncbi.nlm.nih.gov/pubmed/>)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical NSAIDs, Page(s): 111-113.

**Decision rationale:** The California MTUS guidelines indicate topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. 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 diminishing effect over another 2-week period. Furthermore, topical flurbiprofen has not been currently FDA approved. The FDA or the treatment guidelines do not support the use of this topical cream and there is no documentation that this patient is unable to tolerate oral medications or has failed first-line therapy. Therefore, as per the MTUS guidelines and the medical records available, this request is not medically necessary.