

<b>Case Number:</b>	CM14-0048038		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	02/14/2000
<b>Decision Date:</b>	08/19/2014	<b>UR Denial Date:</b>	04/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/16/2014

### 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 has a subspecialty in Pain 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:

The injured worker is a 54-year-old female who reported an injury on 02/14/2000, reportedly from moving and raising the chute. It is reported that the injured worker sustained neck and right hand pain rated at 7/10 and associated with decreased sensation and function and complained of tingling and numbness involving the first 3 digits of her right hand and experienced difficulty holding onto objects with increased burning sensation. The injured worker's treatment history included medications, EMG/NCV studies. The injured worker was evaluated on 04/20/2014 and it was documented that the injured worker complained of decrease sensation and function of her right hand. It was noted she was using a wrist support without much benefit. Per the objective findings, the injured worker had moderate to severe distress secondary to right hand pain and neck pain. Neck was supple to palpation with tenderness at the cervical paraspinal muscles. She had decreased sensation along the median nerve distribution of the right hand. Peripheral pulses are intact. Reflexes are 2+ and symmetric at the biceps tendons bilaterally. Medications included Ativan 0.5 mg, hydrochlorothiazide 25 mg, Avinza 75 mg, Clonidine HCl 0.1 mg, lisinopril 20 mg, Cymbalta 30 mg, allopurinol 100 mg, Levothyroxine 50 mcg, Colace 100 mg, and MiraLax, Ambien 10 mg. The diagnoses include myofascial neck pain, radiculitis, and degenerative disc disease of the cervical spine, depression, left shoulder rotator cuff impingement, carpal tunnel syndrome, and insomnia. The provider did not provide Visual Analog Scale measurements for the injured worker. There was no conservative care such as physical therapy or home exercise regimen indicated for the injured worker. The request for authorization rationale was not submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for medication Flurbiprofen topical (duration unknown and frequency unknown):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

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

**Decision rationale:** California (MTUS) Chronic Pain Medical Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Non-steroidal and inflammatory agents (NSAIDs) efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebos during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The documents submitted did not lack evidence of outcome measurements of conservative care such as, physical therapy, pain medication management and home exercise regimen. In addition the request lacked duration, frequency and location where topical is supposed to be applied on injured worker. Given the above, the request is not supported by the guidelines, the safety or efficacy of this medication. The request for retrospective for medication Flurbiprofen topical (duration and frequency unknown) is not medically necessary.