

<b>Case Number:</b>	CM14-0060930		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	02/28/2012
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	04/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2014

### 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 Family Practice, 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:

49 yr. old female claimant sustained a work injury on 8/28/12 involving the low back, knees and right shoulder. She was diagnosed with traumatic arthropathy of the shoulder and chronic pain. A progress note on 8/28/13 indicated she had pain in the involved areas. Exam findings were notable for a positive Hawkin's test of the right shoulder, restricted range of motion of the right shoulder, tenderness in the patella and quadriceps region of both knees, and a positive McMurray's sign. The claimant was provided with topical Flurbiprofen cream for knee pain and a request for a Hyaluronic knee injection was made. A progress note on 3/17/14 indicated the claimant had undergone physical therapy and continued to have restricted range of motion of the shoulders. She now had tenderness in the wrists and hands. She was diagnosed with carpal tunnel syndrome and a request was made for steroid injections and continuation of topical Flurbiprofen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen 20% cream Quantity: 1.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment in Workers' Comp [www.odgtreatment.com](http://www.odgtreatment.com) [www.worklossdata.com](http://www.worklossdata.com) Topical analgesics, NSAIDs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines x Topical analgesics and pg 111-112 Page(s): 111-112.

**Decision rationale:** According to the MTUS guidelines, 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. Flurbiprofen is a topical NSAID. 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 little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. ): Indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). In this case, the claimant had been on Flurbiprofen for over a 8 months. The cream is not indicated for carpal tunnel. The claimant did not have a diagnosis of osteoarthritis. The prolonged and continued use of Flurbiprofen is not medically necessary.