

<b>Case Number:</b>	CM14-0077377		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	09/02/2013
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	05/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2014

### 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 Nevada. 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 57-year-old gentleman who was reportedly injured on September 2, 2013. The mechanism of injury is stepping in a hole and fracturing the left ankle. The most recent progress note dated April 16, 2014, indicates that there are ongoing complaints of left ankle pain. The physical examination demonstrated the inability to invert, evert, dorsiflex, or plantarflex the left ankle. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes a left ankle open reduction and internal fixation. A request was made for Flurbiprofen/Capsaicin Cream and was not certified in the pre-authorization process on May 7, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FLURBIPROFEN 25% - CAPSAICIN 0.0275% CREAM:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS.

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

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines support topical non-steroidal anti-inflammatory drugs for the short-term treatment of acute pain for short-term use for individuals unable to tolerate oral administration, or for whom oral administration is contraindicated. The record provides no documentation that the injured employee has or is taking an oral anti-inflammatory. When noting that there is no documentation of intolerance or contraindication to first-line therapies, there is no clinical indication for the use of this medication for the diagnoses noted. Therefore, this request for Flurbiprofen/Capsaicin cream is not medically necessary.