

<b>Case Number:</b>	CM15-0101875		
<b>Date Assigned:</b>	06/04/2015	<b>Date of Injury:</b>	06/15/2013
<b>Decision Date:</b>	07/08/2015	<b>UR Denial Date:</b>	05/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Arizona, California  
 Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 61-year-old male sustained an industrial injury to the left hand and left long finger on 3/15/13. Previous treatment included x-rays, physical therapy, splinting and medications. In a PR-2 dated 5/22/14, the injured worker complained of pain in the left middle finger and discomfort on of the left shoulder. The injured worker was working modified duty. Physical exam was remarkable for left shoulder tenderness to palpation over the anterior rotator cuff without shoulder instability and left middle finger swelling. Current diagnoses included middle phalanx fracture and elbow/forearm sprain/strain. The treatment plan included Flurbiprofen 25%/Lidocaine 5%/Ultraderm base cream. In a PR-2 dated 9/18/14, the injured worker complained of persistent swelling of the middle phalanx as well as persistent left shoulder pain. The injured worker reported that he was performing left shoulder and hand exercises daily. The treatment plan included continuing home exercise with local heat application prior to exercise and ice after and continuing Naproxen Sodium and Omeprazole.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro Flurbiprofen 25%/Lidocaine 5%/Ultraderm base cream, DOS 5/22/14: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They 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. Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Flurbiprofen is a topical NSAID. It may provide relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. It is recommended for short-term use (4-12 weeks) for arthritis. In this case, the claimant did not have the above diagnoses. Topical NSAIDs can reach systemic levels similar to that of oral NSAIDs. The claimant had also been on oral Naproxen. In addition, there is insufficient evidence for the use of topical Ultraderm. The use of Flurbiprofen 25%/Lidocaine 5%/Ultraderm base cream on 5/22/14 is not medically necessary.

**Retro Naproxen 550mg #60, DOS: 9/18/14: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Page(s): 67.

**Decision rationale:** According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on NSAIDs for several months in combination with topical NSAIDs. There was no indication of Tylenol failure and pain scores were not routinely documented. The claimant required a PPI while on Naproxen. The use of Naproxen 9/18/14 is not medically necessary.