

<b>Case Number:</b>	CM15-0194820		
<b>Date Assigned:</b>	10/08/2015	<b>Date of Injury:</b>	05/23/2012
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	09/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 is a 58 year old female with a date of injury of May 23, 2012. A review of the medical records indicates that the injured worker is undergoing treatment for subacromial bursitis, tendinitis or tenosynovitis of the elbow, carpal tunnel syndrome, tendinitis of the wrist, and myofascial pain. Medical records dated August 13, 2015 indicate that the injured worker complained of stiffness and pain in the neck that radiates to the right shoulder, and pain rated at a level of 7 out of 10. Records also indicate that the injured worker reported tingling, weakness, and cramps. Per the treating physician, the employee has not returned to work. The physical exam reveals mild tenderness to palpation of the carpal tunnel and common extensor tendons of the right wrist and arm, moderate tenderness to palpation of the extensor pollicis longus on the right, and decreased grip strength bilaterally. Treatment has included trigger point injections that caused nausea, medications (Diclofenac (discontinued on August 13, 2015); Flurbiprofen, Lyrica 75mg twice a day, and Omeprazole 20mg daily noted on August 13, 2015), unknown number of physical therapy sessions with no benefit, right wrist and hand surgery, and range of motion exercises. The original utilization review (September 1, 2015) non-certified a request for Flurbiprofen 20% 30gm.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 container of Flurbiprofen 20%, 30 grams: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), Topical Analgesics.

**Decision rationale:** Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of NSAID's functional benefit is advised as per Guidelines, long-term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing and increase the risk for heart attack and stroke in patients with or without heart disease, as well as potential for hip fractures even within the first weeks of treatment, increasing with longer use and higher doses of the NSAID. Available reports submitted have not adequately addressed the indication to continue a NSAID for a chronic 2012 injury nor have they demonstrated any functional efficacy in terms of improved work or functional status, specific increased in ADLs, decreased in pharmacological dosing, and decreased in medical utilization derived from treatment already rendered. Intolerance to oral medications is not documented. Additionally, there are evidence-based published articles noting that topical treatment with NSAIDs and other medications can result in blood concentrations and systemic effects comparable to those from oral treatment. It was advised that topical non-steroidal anti-inflammatory drugs should be used with the same precautions as other forms of the drugs in high risk patients, especially those with reduced drug metabolism as in renal failure. Submitted reports have not identified any intolerance to oral medications. The 1 container of Flurbiprofen 20%, 30 grams is not medically necessary or appropriate.