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| <b>Case Number:</b>   | CM15-0198166 |                              |            |
| <b>Date Assigned:</b> | 10/13/2015   | <b>Date of Injury:</b>       | 06/24/2013 |
| <b>Decision Date:</b> | 11/20/2015   | <b>UR Denial Date:</b>       | 09/09/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/08/2015 |

### 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: Emergency Medicine

### 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 53 year old female, who sustained an industrial injury on 6-24-2013. Several documents included in the submitted medical records are difficult to decipher. The injured worker was being treated for soft tissue trauma to the right neck, arm, and shoulder; and soft tissue trauma to bilateral knees and legs. Medical records (9-24-2013 to 12-17-2013) indicate ongoing neck, bilateral shoulder, and bilateral knee pain, mostly the right neck. The physical exam (10-22-2013 to 12-17-2013) revealed decreased cervical range of motion with paravertebral tenderness and spasms, which was marked at the right trapezius and right cervical spine muscles. There was decreased right shoulder range of motion with a positive impingement sign and positive bilateral patellofemoral compression signs of the knees. On 7-29-2013, an MRI of the right shoulder revealed moderate rotator cuff tendinosis with likely a low-grade intrasubstance tear at the supraspinatus footprint and bursal-sided fraying with reactive subacromial and subdeltoid bursitis. There was a non-acute degenerative tear at the anterior-superior labrum without extension to the biceps anchor. On 12-1-2013, an MRI of the cervical spine revealed a 1-2 millimeter posterior disc bulge at C5-6 (cervical 5-6) without canal stenosis or neural foraminal narrowing. There was nonspecific straightening of the normal cervical lordosis, query strain. Treatment has included physical therapy, a shoulder immobilizer, off work, a non-steroidal anti-inflammatory injection, work restrictions, and medications including pain and non-steroidal anti-inflammatory. Per the treating physician (12-17-2013 report), the injured worker was to continue working with restrictions that included no pushing, pulling, or lifting over 10 pounds; no use of the right hand, and no above the shoulder work. On 12-13-

2013, the requested treatments included Flurbiprofen 25%, Diclofenac 10% 240 gm. On 9-9-2015, the original utilization review non-certified a request for Flurbiprofen 25%, Diclofenac 10% 240 gm.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Flurbiprofen 25%, Diclofenac 10% 240 gm: 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): Topical Analgesics.

**Decision rationale:** The requested Flurbiprofen 25%, Diclofenac 10% 240 gm , is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants". The injured worker has ongoing neck, bilateral shoulder, and bilateral knee pain, mostly the right neck. The physical exam (10-22-2013 to 12-17-2013) revealed decreased cervical range of motion with paravertebral tenderness and spasms, which was marked at the right trapezius and right cervical spine muscles. There was decreased right shoulder range of motion with a positive impingement sign and positive bilateral patellofemoral compression signs of the knees. The treating physician has not documented trials of anti-depressants or anti-convulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis, nor objective evidence of functional improvement from any previous use. The criteria noted above not having been met, Flurbiprofen 25%, Diclofenac 10% 240 gm is not medically necessary.