

<b>Case Number:</b>	CM15-0199859		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	10/20/2014
<b>Decision Date:</b>	11/23/2015	<b>UR Denial Date:</b>	09/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/12/2015

### 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:

The injured worker is a 52-year-old male who sustained an industrial injury on 10-20-2015. Diagnoses have included left ankle closed fracture, left ankle sprain, left peroneus brevis tendon longitudinal tear, and left ankle synovitis. Documented treatment includes chiropractic treatments, physical therapy, acupuncture, home exercises, use of an ankle brace, and medication including Norco and Exoten-C lotion. He has also been using Fenoprofen since at least 6-2-2015, but pain rating or response to the use of this medication is not visible in the provided notes. As of the 9-1-2015 visit, the physician was discussing surgical treatment with the injured worker. At that visit, he was reporting persistent left ankle pain, which was increased with walking. He was noted to walk with a left antalgic, "stiff-ankle" gait, there was tenderness with palpation, and some slight swelling was noted. The treating physician's plan of care includes Flurbiprofen/ Lidocain/Ultraderm #60 for 30 days, which was denied on 9-11-2015. The injured worker has been working with restrictions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen/ Lidocaine/ Ultraderm #60for 30 days:** 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:** 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Flurbiprofen is a topical NSAID. It is indicated for 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 does not have arthritis and long-term use is not indicated. There are diminishing effects after 2 weeks. Topical NSAIDS can reach systemic levels similar to oral NSAIDS. The claimant was also on other topical analgesics for several months along with oral opioids and NSAIDS. Since the compound above contains these topical medications, the Flurbiprofen/ Lidocaine/ Ultraderm is not medically necessary.