

<b>Case Number:</b>	CM15-0024243		
<b>Date Assigned:</b>	02/13/2015	<b>Date of Injury:</b>	11/10/2009
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	01/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/09/2015

### 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: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic elbow, hand, and finger pain reportedly associated with an industrial injury of November 10, 2009. On February 13, 2015, the claims administrator failed to approve a request for a topical compounded flurbiprofen-containing cream. The applicant's attorney subsequently appealed. On January 3, 2015, the applicant was given tramadol in addition to the flurbiprofen-containing lidocaine cream at issue. The applicant acknowledged that his pain was well controlled with tramadol. The applicant was reportedly working with restrictions in place. A hand surgery consultation, tramadol, work restrictions, and a flurbiprofen-containing cream at issue were endorsed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen 20%, Lidocaine 5% Cream, 180gm:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20, 9792.2.

**Decision rationale:** 1.No, the flurbiprofen - lidocaine-containing cream was not medically necessary, medically appropriate, or indicated here.The applicant's primary pain generator here appears to be hand and wrist paresthesias associated with carpal tunnel syndrome, a neuropathic pain condition. However, page 112 of the MTUS Chronic Pain Medical Treatment Guidelines notes that topical NSAIDs such as flurbiprofen are not recommended for treatment of neuropathic pain, as was/is present here. Here, the attending provider did not furnish any compelling applicant-specific rationale or medical evidence which would offset the unfavorable MTUS position on the flurbiprofen-containing topical compound. It is further noted that the applicant's ongoing usage of first-line oral pharmaceuticals such as tramadol effectively obviated the need for the topical compounded agent at issue. Therefore, the request was not medically necessary.