

<b>Case Number:</b>	CM15-0213993		
<b>Date Assigned:</b>	11/03/2015	<b>Date of Injury:</b>	11/19/2013
<b>Decision Date:</b>	12/16/2015	<b>UR Denial Date:</b>	10/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 50 year old male who sustained an industrial injury on 11-19-13. A review of the medical records indicates that the worker is undergoing treatment for cervical spine sprain-strain, right shoulder sprain with impingement, right elbow medial and lateral epicondylitis and 30 degrees flexion contracture, right wrist contusion and sprain, lumbar spine contusion and sprain with right sciatica, rule out right S1 radiculopathy and rule out stress; anxiety; insomnia. Subjective complaints (9-14-15) include pain in the right neck, right shoulder, right forearm, right wrist, numbness and tingling in the right hand and fingers as well as weakness of the right shoulder with clicking, popping, grinding sensations, occasional headaches, right elbow pain, weakness of the forearm, pain radiates down the forearm, loss of grip strength and loss of sensation, pain and symptoms awaken him at night, lower back pain which radiate to the coccygeal region, weakness of both legs and feet, depression, anxiety, stress, and insomnia. Objective findings (9-14-15) include higher right shoulder, right antalgic gait, tenderness to palpation the right cervical spine, right upper trapezius, right thoracic spine muscles, acromioclavicular joint, biceps tendon groove, supraspinatus deltoid complex and rotator cuff-right, impingement test is positive (right shoulder), 30 degrees flexion contracture (right elbow), decreased sensation (medial right thigh), supine Lasegue's is positive bilaterally, patellofemoral pain and crepitation on range of motion, tenderness of right plantar fascia and lateral joint line of the right ankle. Previous treatment includes lumbar support, medication, and physical therapy. The requested treatment of Flurbiprofen cream was non-certified on 10-1-15.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen cream:** 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 based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2007) Chapter 6, p131-132.

**Decision rationale:** The claimant sustained a work injury in November 2013 when he fell while standing on a paint bucket with injury to the low back and right shoulder. When seen he was having right sided neck pain radiating into the shoulder and arm with numbness and tingling in the hand and fingers and weakness. Physical examination findings included a right antalgic gait and shoulder height symmetry. There was cervical and shoulder tenderness. There was positive impingement testing. There was right elbow tenderness. Oral diclofenac and topical flurbiprofen were prescribed. Topical non-steroidal anti-inflammatory medication can be recommended for patients with chronic pain where the target tissue is located superficially in patients who either do not tolerate, or have relative contraindications, for oral non-steroidal anti-inflammatory medications. In this case, oral diclofenac is also being prescribed. Prescribing two non-steroidal anti-inflammatory medications would be duplicative and is not considered medically necessary.