

<b>Case Number:</b>	CM15-0038322		
<b>Date Assigned:</b>	03/09/2015	<b>Date of Injury:</b>	08/05/2010
<b>Decision Date:</b>	04/10/2015	<b>UR Denial Date:</b>	02/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/02/2015

### 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:

The injured worker is a 30-year-old female with an industrial injury date of 08/05/2010. She states she was walking down the hall carrying charts when she tripped on a pen that was on the floor causing her to twist her right ankle and fall to the ground hitting her head on a shelf. The most recent record submitted is dated 11/12/2014 and notes the injured worker presents with neck pain, headaches and right ankle pain. Exam revealed tenderness to palpation over the anterior ankle joint. Prior treatments include diagnostic, foot brace, medications, physical therapy, acupuncture and shock wave treatments. Diagnostic reports are in the note dated 11/12/2014. Diagnoses included bilateral ankle sprain/strain and right ankle instability. On 02/19/2015 the request for Flurbiprofen 25% in Lipoderm base was non-certified by utilization review. MTUS was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen 25% in Lipoderm base dispensed on 1/7/15:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics, non-steroidal anti-inflammatory drugs (NSAIDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, pages 111-113.

**Decision rationale:** Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with multiple joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic to include a compounded NSAID over oral formulation for this chronic injury without documented functional improvement from treatment already rendered. Guidelines do not recommend long-term use of NSAID without improved functional outcomes attributable to their use. The Flurbiprofen 25% in Lipoderm base dispensed on 1/7/15 is not medically necessary and appropriate.