

<b>Case Number:</b>	CM14-0173777		
<b>Date Assigned:</b>	10/27/2014	<b>Date of Injury:</b>	09/24/2012
<b>Decision Date:</b>	12/03/2014	<b>UR Denial Date:</b>	10/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2014

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 62 year-old patient sustained an injury on 9/24/12 while employed by [REDACTED]. Request(s) under consideration include Retrospective request for Flurbiprofen 180g #1 on 8/26/14. The patient is s/p right fasciotomy (undated). Conservative care has included medications, physical therapy, and modified activities/ sedentary work/ rest. Medications list Tramadol and topical. Report of 3/3/14 from the provider noted patient taking OTC of Advil with pain reduced from 7 to 4/10; pain is occasional and improving. Exam of right ankle showed decreased range with PF/ DF of 30/50 degrees; decreased sensation at posterior and anterior five phalanges; with tenderness at plantar fascia and Achilles insertion. Treatment for OTC advil, Kera-Tek gel, PT 3x8 (24 sessions). Report of 4/10/14 from the provider noted the patient with chronic ongoing right ankle and foot pain rated at 4/10. Exam of right ankle showed decreased range with PF/DF/ Inversion/ Eversion of 30/20/20/20 degrees respectively. Treatment included refills of Ultram, continued PT, and restricted to sedentary work only. Report of 10/4/14 from the PA-c/provider noted patient with ongoing chronic bilateral ankle/feet pain rated at 4/10 with Tramadol help to decrease to 1-2/10. Exam showed unchanged findings of decreased range in right ankle/foot with tenderness at plantar fascia and Achilles. Diagnoses included s/p right fasciotomy (undated). Treatment included custom orthotics, medical refills and the patient will remain TTD status. The request(s) for Retrospective request for Flurbiprofen 180g #1 on 8/26/14 was non-certified on 10/16/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Flurbiprofen 180g #1 on 8/26/14: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67, 68, 72.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** This 62 year-old patient sustained an injury on 9/24/12 while employed by [REDACTED]. Request(s) under consideration include Retrospective request for Flurbiprofen 180g #1 on 8/26/14. The patient is s/p right fasciotomy (undated). Conservative care has included medications, physical therapy, and modified activities/ sedentary work/ rest. Medications list Tramadol and topical. Report of 3/3/14 from the provider noted patient taking OTC of Advil with pain reduced from 7 to 4/10; pain is occasional and improving. Exam of right ankle showed decreased range with PF/ DF of 30/50 degrees; decreased sensation at posterior and anterior five phalanges; with tenderness at plantar fascia and Achilles insertion. Treatment for OTC advil, Kera-Tek gel, PT 3x8 (24 sessions). Report of 4/10/14 from the provider noted the patient with chronic ongoing right ankle and foot pain rated at 4/10. Exam of right ankle showed decreased range with PF/DF/ Inversion/ Eversion of 30/20/20/20 degrees respectively. Treatment included refills of Ultram, continued PT, and restricted to sedentary work only. Report of 10/4/14 from the PA-c/provider noted patient with ongoing chronic bilateral ankle/feet pain rated at 4/10 with Tramadol help to decrease to 1-2/10. Exam showed unchanged findings of decreased range in right ankle/foot with tenderness at plantar fascia and Achilles. Diagnoses included s/p right fasciotomy (undated). Treatment included custom orthotics, medical refills and the patient will remain TTD status. The request(s) for Retrospective request for Flurbiprofen 180g #1 on 8/26/14 was non-certified on 10/16/14. Per Guidelines, The efficacy in clinical trials for this treatment modality has been inconsistent and no long-term studies have shown their effectiveness or safety. Topical NSAIDs may be recommended for Non-neuropathic pain (soft tissue injury and osteoarthritis) after failure of an oral NSAID or contraindications to oral NSAIDs after consideration of increase risk profile of severe hepatic reactions including liver necrosis, jaundice, fulminant hepatitis, and liver failure (FDA, 2009), but has not been demonstrated here. The efficacy in clinical trials for topical NSAIDs has been inconsistent and most studies are small and short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but not afterward, as effectiveness is diminished similar to placebo effect. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety beyond 2 weeks especially for this 2010 injury without report of acute flare-up or new injuries. There is no documented functional benefit from treatment already rendered. The Retrospective request for Flurbiprofen 180g #1 on 8/26/14 is not medically necessary and appropriate.