

<b>Case Number:</b>	CM14-0083140		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	05/10/2012
<b>Decision Date:</b>	12/12/2014	<b>UR Denial Date:</b>	05/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2014

### 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 Occupational Medicine 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic foot and ankle pain reportedly associated with an industrial injury of May 10, 2012. Thus far, the applicant has been treated with analgesic medications; earlier right carpal tunnel release surgery; earlier knee arthroscopy; viscosupplementation injections of the knee; and transfer of care to and from various providers in various specialties. In a May 7, 2014 Utilization Review Report, the claims administrator failed to approve a request for a topical Flurbiprofen gel. The claims administrator stated that it was basing its decision on an April 2, 2014 operative report and an April 29, 2014 postoperative follow-up note. The claims administrator stated that topical medications were being endorsed postoperatively to treat the applicant's residual foot tendinitis following the first metatarsophalangeal joint excision procedure. The applicant's attorney subsequently appealed. In an April 2, 2014 progress note, the applicant presented for preoperative evaluation prior to debridement of the first metatarsophalangeal joint with associated exostectomy of the right foot. It was stated that the applicant had attributed his foot symptoms to cumulative trauma at work. The applicant was pending a right first metatarsophalangeal joint exostectomy on April 4, 2014, it was noted. The applicant also had superimposed issues with plantar fasciitis; it was stated on this occasion. The applicant did undergo a partial exostectomy of the first metatarsal on April 4, 2014. Multiple progress notes, including those dated February 4, 2014 and January 30, 2014, did not discuss medication selection or medication efficacy. The applicant did receive a viscosupplementation injection, however. The remainder of the file was surveyed. It did not appear that the April 29, 2014 progress note in which the article in question was sought was incorporated into the Independent Medical Review packet. The April 29, 2014 progress note cited by the claims

administrator in its Utilization Review denial was not included in the claims administrator's medical evidence log.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Flurbiprofen 240gm, QTY: 2 Tubes:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Non-Steroidal Anti-Inflammatory Agents (NSAIDS)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 376, Chronic Pain Treatment Guidelines Topical NSAIDs Page(s): 112.

**Decision rationale:** While this was, strictly speaking, a postoperative request as opposed to either a chronic pain case or an acute case, MTUS 9792.23.b2 does stipulate that the Postsurgical Treatment Guidelines in section 9792.24.3 shall apply together with any other applicable treatment guidelines found within the MTUS. Since portions of both the MTUS Chronic Pain Medical Treatment Guidelines and the ACOEM Practice Guidelines did tepidly endorse usage of topical Flurbiprofen for ankle and foot pain, both guidelines were invoked. As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical NSAIDs such as Flurbiprofen are indicated in the treatment of osteoarthritis and tendinitis in small joints which are "amenable to topical treatment." The tepidly favorable position for usage of topical NSAIDs for small joint arthritis and tendinitis as echoed by the MTUS-adopted ACOEM Guidelines in Chapter 14, Table 14-6, page 376, which also note that NSAID creams such as the Flurbiprofen gel/cream at issue are deemed "optional" in the management of ankle and foot complaints, as are present here. In this case, the applicant's primary pain generators were the foot first metatarsophalangeal joint and foot plantar fasciitis both of which could be considered areas or diagnoses reasonably amenable to topical application, particularly during the acute perioperative/postoperative phase for which Flurbiprofen was seemingly being proposed here. Therefore, the request is medically necessary.