

<b>Case Number:</b>	CM14-0215565		
<b>Date Assigned:</b>	01/05/2015	<b>Date of Injury:</b>	05/11/2007
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	12/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2014

### 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. 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:

This 66 year old male sustained an industrial related injury on 05/11/2007. The results of the injury and initial diagnoses were not discussed. Per the progress report (PR) (11/14/2014), the injured worker's subjective complaints included continued right wrist and right thumb pain that increased with repetitive use, and cold/damp weather, and radiating right hand pain. The injured worker rated the pain at a 8/10 with approximately 35% reduction in activities of daily living. The injured worker stated that the medications reduced his symptoms by about 60%. Objective findings of the right wrist on this report included: flexion of 45, extension of 50, and tenderness over the metacarpophalangeal joint for the thumb without effusion. Normal motor strength, sensation, and reflexes were noted. Findings, when compared to previous PRs (09/05/2014 and 10/10/2014), show that the injured worker has reported an increase in severity of pain; but has also reported a reduction in symptoms with topical medications. No improvement in functional deficits or limitations were noted. Treatment to date has included evaluations and topical medications. Diagnostic testing was not submitted and no results were discussed. Current diagnoses include De Quervain tenosynovitis of the right wrist. The Flurbiprofen was requested for the treatment of right wrist and hand pain. Treatments in place around the time the Flurbiprofen was requested included topical medication. The injured worker reported pain was increased. Functional deficits and activities of daily living were improved. Work status was unchanged as the injured worker remained permanent and stationary. Dependency on medical care was unchanged. On 12/10/2014, Utilization Review non-certified a request for Flurbiprofen 30 gm topical cream 72 hour supply which was requested on 12/03/2014. The Flurbiprofen 30

gm topical cream 72 hour supply was non-certified based on the absence of GI disease or contraindications to oral non-steroid anti-inflammatory drugs (NSAIDs), and the lack of efficacy for topical NSAIDs after use for two weeks. The MTUS Chronic Pain guidelines were cited. This UR decision was appealed for an Independent Medical Review. The submitted application for Independent Medical Review (IMR) requested an appeal for the non-certification of Flurbiprofen 30 gm topical cream 72 hour supply.

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

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

**Flurbiprofen 30gm topical cream, 72 hour supply: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 29, 111-113.

**Decision rationale:** The patient presents with right wrist and right thumb pain rated 8/10, that radiates to the hand. The request is for Flurbiprofen 30g topical cream, 72 hour supply. Treating physician states in progress report dated 11/14/14 that medications help to reduce patient's symptoms by approximately 60%. The patient is permanent and stationary, and unable to return to work. Topical non-steroidal anti-inflammatory drugs (NSAIDs) are indicated for peripheral joint arthritis/tendinitis, MTUS page 29 guidelines state that Flurbiprofen topical is recommended only as an option in patients who have not responded or are intolerant to other treatments. Indications are osteoarthritis, fibromyalgia, chronic non-specific back pain and it is also helpful for chronic neuropathic and musculoskeletal pain. The MTUS has the following regarding topical creams page, chronic pain section): "Topical Analgesics: Recommended as an option as indicated below. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical lidocaine, in the formulation of a dermal patch (Lidoderm ) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." Treating physician states in progress report dated 11/14/14 that Flurbiprofen cream was prescribed and dispensed on 10/10/14 "to reduce impact on patient's GI." Per progress report dated 10/10/14, treating states "authorizations for 30gm Flurbiprofen 25% Lidocaine 5% topical cream, 120 gm tube..." Patient's diagnosis on 11/20/14 was De Quervain tenosynovitis of the right wrist, for which Flurbiprofen ingredient portion of topical would be indicated by guidelines. However, the requested cream also contains Lidocaine, which is not supported for topical use in lotion form according to MTUS. Therefore, this request is not medically necessary.

**Flurbiprofen 120gm topical cream, 30 day supply: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 29,111-113.

**Decision rationale:** The patient presents with right wrist and right thumb pain rated 8/10, that radiates to the hand. The request is for Flurbiprofen 120g topical cream, 30 day supply. Treating physician states in progress report dated 11/14/14 that medications help to reduce patient's symptoms by approximately 60%. The patient is permanent and stationary, and unable to return to work. Topical non-steroidal anti-inflammatory drugs (NSAIDs) are indicated for peripheral joint arthritis/tendinitis, MTUS page 29 guidelines state that Flurbiprofen topical is recommended only as an option in patients who have not responded or are intolerant to other treatments. Indications are osteoarthritis, fibromyalgia, chronic non-specific back pain and it is also helpful for chronic neuropathic and musculoskeletal pain. The MTUS has the following regarding topical creams page, chronic pain section): "Topical Analgesics: Recommended as an option as indicated below. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical lidocaine, in the formulation of a dermal patch (Lidoderm ) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." Treating physician states in progress report dated 11/14/14 that Flurbiprofen cream was prescribed and dispensed on 10/10/14 "to reduce impact on patient's GI." Per progress report dated 10/10/14, treating states "authorizations for 30gm Flurbiprofen 25% Lidocaine 5% topical cream, 120 gm tube..." Patient's diagnosis on 11/20/14 was De Quervain tenosynovitis of the right wrist, for which Flurbiprofen ingredient portion of topical would be indicated by guidelines. However, the requested cream also contains Lidocaine, which is not supported for topical use in lotion form according to MTUS. Therefore, this request is not medically necessary.