

<b>Case Number:</b>	CM15-0123885		
<b>Date Assigned:</b>	07/08/2015	<b>Date of Injury:</b>	07/29/2008
<b>Decision Date:</b>	08/05/2015	<b>UR Denial Date:</b>	06/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2015

### 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: Preventive Medicine, Occupational Medicine

### 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 (n) 59-year-old female, who sustained an industrial injury on 7/29/08. She reported pain in her right hand after being involved in an earthquake. She subsequently developed pain in her left wrist related to overuse. The injured worker was diagnosed as having status post-sural nerve graft for excision of right median nerve tumor, left trigger thumb and left wrist sprain. Treatment to date has included a cortisone injection, left wrist x-ray 1/27/15 showing degenerative osteosclerosis of the distal radial articular surface, a wrist brace, physical therapy and NSAIDs. As of the PR2 dated 3/4/15, the injured worker reports clicking sensation and grinding in her wrist that radiates into her forearm. She cannot sleep at night and has difficulty using her hand. She wants to proceed with surgery. Objective findings include tenderness to palpation over the left distal ulna and ulnar styloid. The treating physician recommended a left wrist arthroscopy. The treating physician requested Flurbiprofen 25%.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Flurbiprofen 25% DOS: 04/17/15: Upheld**

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

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

**Decision rationale:** MTUS Guidelines have very specific recommendations regarding topical analgesics. Only FDA/Guideline supported topical agents are recommended. Flurbiprofen is not Guideline supported for topical use and there are FDA/Guideline supported alternatives topical NSAIDs for topical use. There are no unusual circumstances to justify an exception to Guidelines. The Retrospective request for Flurbiprofen 25% DOS: 04/17/15 is not supported by Guidelines and is not medically necessary.