

<b>Case Number:</b>	CM15-0125116		
<b>Date Assigned:</b>	07/09/2015	<b>Date of Injury:</b>	10/07/2013
<b>Decision Date:</b>	08/05/2015	<b>UR Denial Date:</b>	06/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/29/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 37-year-old female, who sustained an industrial injury on 10/7/13. The injured worker was diagnosed as having right elbow lateral epicondylitis, right hand middle finger trigger finger, rule out right carpal tunnel syndrome, and positive or abnormal nerve conduction study with right mild compression of the median nerve. Treatment to date has included physical therapy, acupuncture, injections, and trigger finger release on 5/1/15. On 5/26/15 pain was rated as 6/10 without medication and 3/10 with medication. The injured worker had been taking Motrin since at least 11/24/14. Currently, the injured worker complains of right hand pain. The treating physician requested authorization for Motrin 800mg #60 and Flurbiprofen 20%/Baclofen 5%/Lidocaine 4% cream 180g.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Motrin (Ibuprofen) 800mg tablets #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 68-73.

**Decision rationale:** The claimant sustained a work injury in October 2013 and continues to be treated for right upper extremity pain. She underwent a trigger finger release in May 2015. When seen pain was rated at 3/10 with medications. She had completed three physical therapy treatments. Physical examination findings included right third finger tenderness. There was decreased grip strength and decreased median nerve distribution sensation. Her therapy was placed on hold. Motrin was refilled and topical medication was requested. Oral NSAIDs (non-steroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain. Recommended dosing of Motrin (ibuprofen) ranges from 1200 mg per day and should not exceed 3200 mg/day. In this case, the requested dosing is within guideline recommendations and is medically necessary.

**Flurbiprofen/Baclofen/Lidocaine cream (20%/5%/4%) 180gm:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p60 (2) Topical Analgesics Page(s): 60, 111-113.

**Decision rationale:** The claimant sustained a work injury in October 2013 and continues to be treated for right upper extremity pain. She underwent a trigger finger release in May 2015. When seen pain was rated at 3/10 with medications. She had completed three physical therapy treatments. Physical examination findings included right third finger tenderness. There was decreased grip strength and decreased median nerve distribution sensation. Her therapy was placed on hold. Motrin was refilled and topical medication was requested. Compounded topical preparations of flurbiprofen are used off-label (non-FDA approved) and have not been shown to be superior to commercially available topical medications such as Diclofenac. Additionally, another anti-inflammatory medication, Motrin, is being prescribed orally. Baclofen is a muscle relaxant and there is no evidence for the use of any muscle relaxant as a topical product. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it is not possible to determine whether any derived benefit is due to a particular component. Additionally, in this case, two anti-inflammatory medications are being requested which is duplicative. This medication was not medically necessary.