

<b>Case Number:</b>	CM15-0128366		
<b>Date Assigned:</b>	07/15/2015	<b>Date of Injury:</b>	08/21/2006
<b>Decision Date:</b>	08/13/2015	<b>UR Denial Date:</b>	06/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2015

### 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: 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 66 year old male who sustained an industrial injury on 8-21-06. Diagnoses are closed fracture of clavicle, closed fracture of four ribs, pleurisy, chest pain, victim of trauma with multiple injuries, and peroneal nerve injury. In a progress note dated 9-8-14, the physician notes medications as Analgesic rub, Celebrex, Hydrocodone, Metformin, Motelukast, and Triamterene Hydrochlorothiazide. He continues to have foot drop on the left, he has his brace and he is not doing well with his pain medication. Walking is difficult. He reports numbness, tingling, weakness, arthralgia-joint pain, and back pain. Physical exam notes diminished breath sounds. Decreased sensation along the L5 distribution of the left lower extremity below the knee is noted. In a progress report dated 7/2/14, the physician notes the injured worker reports he had another episode of his left leg giving out. A repeat electromyography was suggestive of neuropathy. There is no complaint of increased back pain, but tingling and numbness of the lateral aspect of the left leg is noted. The injured worker notes that he has been doing fairly well with his current pain medication. He rates his pain as 5 out of 10 usually. In a progress note dated 12-11-14, the physician reports he is status post lung puncture, sleep apnea, and other portions of the report are handwritten and illegible. Work status is sedentary, he is permanent and stationary. A 3-27-15 urine drug screen is consistent. The requested treatment is retroprospective Flurbiprofen powder 6 grams with a date of service of 5-11-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Flurbiprofen powder 6 gm with a dos of 5/11/2015: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
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**Decision rationale:** Regarding the request for flurbiprofen powder, CA MTUS states that topical NSAIDs are indicated for "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." Within the documentation available for review, none of the abovementioned criteria have been documented. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient. Given all of the above, the requested flurbiprofen powder is not medically necessary.