

<b>Case Number:</b>	CM15-0070561		
<b>Date Assigned:</b>	04/20/2015	<b>Date of Injury:</b>	03/12/2013
<b>Decision Date:</b>	05/19/2015	<b>UR Denial Date:</b>	03/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2015

### 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: Emergency 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 44-year-old female, who sustained an industrial injury on 3/12/2013. Diagnoses include right elbow strain rule out internal derangement and tissue disruption, right arm paresthesia rule out peripheral neuropathy and right fifth-digit deformity at the DIP joint status post surgery. Treatment to date has included diagnostics including magnetic resonance imaging (MRI) and electrodiagnostic testing, medications and work restrictions. Per the Primary Treating Physician's Progress Report dated 02/24/2015, the injured worker reported persistent pain in the right elbow, right wrist, right hand and right fifth digit. She rates her pain as 6-8/10 on a pain scale and intermittent. The pain in the right hand is the same as last visit. Ibuprofen brings the pain down to 4/10. Physical examination revealed decreased range of motion upon supination and pronation of the right elbow. There was palpable tenderness over the proximal forearm over the anterior surface with palpable trigger points in the flexor tendon. Examination of the right wrist revealed decreased range of motion upon flexion and extension. There was palpable tenderness as well as decreased sensation over the hypthenar portion of the right hand. Examination of the right hand revealed decreased grip strength at 4/5. There was decreased sensation at the distal aspect of the fifth digit as well as the third digit. The plan of care included topical medications and authorization was requested for Flurbiprofen/Lidocaine cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen/Lidocaine cream 20/5%, 180gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics / non-steroidal anti-inflammatory drugs (NSAIDs).

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

**Decision rationale:** The requested Flurbiprofen/Lidocaine cream 20/5%, 180gm, is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants". The injured worker has pain in the right hand is the same as last visit. Ibuprofen brings the pain down to 4/10. Physical examination revealed decreased range of motion upon supination and pronation of the right elbow. There was palpable tenderness over the proximal forearm over the anterior surface with palpable trigger points in the flexor tendon. Examination of the right wrist revealed decreased range of motion upon flexion and extension. There was palpable tenderness as well as decreased sensation over the hypotenar portion of the right hand. Examination of the right hand revealed decreased grip strength at 4/5. There was decreased sensation at the distal aspect of the fifth digit as well as the third digit. The treating physician has not documented trials of anti-depressants or anti-convulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis, nor objective evidence of functional improvement from any previous use. The criteria noted above not having been met, Flurbiprofen/Lidocaine cream 20/5%, 180gm is not medically necessary.