

<b>Case Number:</b>	CM15-0094022		
<b>Date Assigned:</b>	05/20/2015	<b>Date of Injury:</b>	04/03/2013
<b>Decision Date:</b>	06/19/2015	<b>UR Denial Date:</b>	04/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2015

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 29 year old male, who sustained an industrial injury on 4/03/2013. The mechanism of injury was not noted. The injured worker was diagnosed as having status post right wrist laceration, status post right wrist tendon surgery (4/03/2013), bilateral shoulder musculoligamentous sprain/strain, left wrist musculoligamentous sprain/strain, and anxiety, depression, headaches, insomnia, and esophageal reflux secondary to industrial injury. Treatment to date has included diagnostics, surgical intervention, consultations, and medications. Urine drug screen (2/23/2015) was negative for all tested substances. Currently, the injured worker complains of constant bilateral shoulder pain, rated 6/10, constant right hand and wrist pain with associated burning and swelling, rated 7/10, and constant left hand and wrist pain, rated 4/10. Current medications included Protonix, Neurontin, and Neurontin. He reported that Neurontin made him sleepy and tired. Physical exam of the right wrist revealed limited range of motion, hypersensitivity over the palmar aspect of the right wrist, and sensory deficit over the first, second, and third fingers. He had weakness of the right deltoid and biceps motor groups at 4/5. His wrist extensors, triceps, and intrinsic motor strength were 3/5. The treatment plan included Motrin and Flurbiprofen compound creams (Flurbiprofen, Ketoprofen, Ketamine), and (Gabapentin, Cyclobenzaprine, Capsaicin). Work status was total temporary disability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen compound creams 120 gm, Qty 1:** 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.

**Decision rationale:** According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no controlled studies supporting that Flurbiprofen treatment is effective for pain management (in topical form). There is no documentation of failure of first line therapy for pain. Therefore, the request for Flurbiprofen compound cream 120gm is not medically necessary.