

<b>Case Number:</b>	CM14-0138754		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	08/03/2008
<b>Decision Date:</b>	11/17/2014	<b>UR Denial Date:</b>	08/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2014

### 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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 (IW) is a 66-year-old man with a date of injury of August 3, 2008. The mechanism of injury is not documented in the medical record. Pursuant to the progress report dated April 7, 2014, the IW has left hand/wrist pain rated 5/10 with weakness, numbness, and tingling. Right hand/wrist pain is rated 4/10 with weakness, numbness and tingling. Objective findings indicate positive Phalen's test bilaterally. Katz hand diagram shows classic patterns of carpal tunnel syndrome. There is diminished light touch in the median nerve distribution bilaterally. Electromyography/ nerve conduction velocity EMG/NCV tests reveal mild carpal tunnel syndrome. Diagnoses include: Bilateral carpal tunnel syndrome, status-post injection x 1 right wrist which provided temporary relief, and s/p injection X 2 with temporary relief. Treatment plan includes requesting authorization for bilateral carpal tunnel releases with post-operative therapy and post-operative medication for severe pain. The IW has a past medical history of gastritis/ulcer. He had a flexible sigmoidoscopy done May 17, 2013 by his primary care GI specialist. Findings revealed hemorrhoids, and melena in his stools. The follow-up note dated July 21, 2014 documented no subjective complaints. The note states that the injured worker (IW) is taking his medications as prescribed and the topical cream is helping. Current medications include: Prilosec 20mg, Ibuprofen 600mg, and Flurbiprofen 20% cream. The IW was instructed to see his internist on a non-industrial basis for GI bleed and hypotensive episode, and discontinue oral NSAIDs.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen 20% Cream QTY 1: 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 Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Topical Analgesics

**Decision rationale:** Pursuant to the California Chronic Medical Treatment Guidelines and the Official Disability Guidelines, topical Flurbiprophen 20% cream is not medically necessary. Topical analgesics are largely experimental with few randomized trials to determine efficacy and safety. They are primarily recommended for neuropathic pain after trials of antidepressants and anticonvulsants has fail any compound product that contains at least one drug (or drug class) that is not recommended is not recommended. Voltaren gel is the only available FDA approved topical nonsteroidal anti-inflammatory. In this case, the documentation did not reflect discussion as to the anticipated expectations or benefits of Flurbiprophen topical. Additionally, Flurbiprophen 20% is not FDA approved. It is unclear how long the injured worker has been using the topical cream. It is not known whether there has been functional improvement with the topical anti-inflammatory despite subjective improvement of symptoms. Consequently, Flurbiprophen is not medically necessary. Based on the clinical information and medical record in the peer-reviewed evidence-based guidelines, Flurbiprophen 20% topical is not medically necessary.