

<b>Case Number:</b>	CM14-0052633		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	01/16/2002
<b>Decision Date:</b>	10/06/2015	<b>UR Denial Date:</b>	03/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2014

### 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. 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:

This 54 year old female sustained an industrial injury on 1-16-02. Diagnoses include tendonitis right wrist, lumbar spondylosis and right wrist carpal tunnel syndrome. Treatments to date include prescription pain medications. The injured worker has continued complaints of right wrist pain with repetitive use and pain in the lumbar back on and off. The pain has affected the injured worker's activity level, limiting ADL's by about 50 percent of normal. Low back pain was reported to range from 9 to 10 out of a scale of 10. The injured worker reports that the medications have been helping reduce symptoms by approximately 10 percent. The injured worker has been able to remain at work. Upon examination, lumbar range of motion is reduced. Tenderness and spasm are palpable over the paravertebral musculature. Tenderness is present over the right wrist. Straight leg raise testing is positive on the right. A request for Flurbiprofen 30 mg 25% topical cream was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen 30 mg 25% topical cream:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** The claimant has a remote history of a work injury occurring in January 2002 and continues to be treated chronic low back and right hand and wrist pain. Oral medications have included Naprosyn, Voltaren XR, and ibuprofen. Topical compounded Flurbiprofen has been prescribed as well. When seen, medications were providing a 10% decrease in symptoms. She was having severe lumbar spine pain with right lower extremity radiating symptoms. Physical examination findings included decreased lumbar spine range of motion with tenderness and muscle spasms. Flurbiprofen is a non-steroidal anti-inflammatory medication. 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. The claimant has not had a trial of topical diclofenac. Oral NSAID medication is being prescribed and prescribing a topical medication in the same class is duplicative. The requested medication was not medically necessary.