

Case Number:	CM13-0001167		
Date Assigned:	11/08/2013	Date of Injury:	04/16/2004
Decision Date:	04/30/2014	UR Denial Date:	07/01/2013
Priority:	Standard	Application Received:	07/11/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 54-year-old male with a date of injury of 04/16/2004. The listed diagnoses per [REDACTED] are fibromyalgia, lumbar sprain/strain, probable herniated disc of the lumbosacral, probable radiculopathy, lumbar disc displacement, and lumbar spine stenosis. According to the report dated 04/18/2013 by [REDACTED], the patient presents with neck, mid back, low back, and left leg pain. An examination of the back revealed guarding and tenderness over the bilateral multifidus, longissimus and the left iliocostalis. The spinous processes are tender at L4, L5, and S2. The LasA`gue's test is positive bilaterally, and all other tests are negative. The treater has requested a lumbar epidural injection at L5-S1 on the left, an electromyography (EMG) to assess for radiculopathy versus neuropathy, and a topical cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE (1) PRESCRIPTION OF FLURIFLEX (FLURBIPROFEN 15%/CYCLOBENZAPRINE 10%): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111.

Decision rationale: This patient presented with neck, mid back, low back, and left leg pain. The treater requested Fluriflex compound cream, which contains Flurbiprofen 15% and Cyclobenzaprine 10%. The Chronic Pain Guidelines indicate that regarding a topical analgesic, "it is largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended." In this case, cyclobenzaprine is a muscle relaxant and is not recommended for any topical formulation. Recommendation is for denial.