

Case Number:	CM13-0011695		
Date Assigned:	11/20/2013	Date of Injury:	04/17/2013
Decision Date:	10/29/2014	UR Denial Date:	08/06/2013
Priority:	Standard	Application Received:	08/16/2013

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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 52 year old with a work injury dated 4/17/13. The diagnoses include lumbosacral sprain and left ankle sprain. Under consideration is a request for Theraflex Ultra Cream 180GM Apply 2-3 times daily. There is a primary treating physician report dated 07/12/13 that states that the patient had 3 PT sessions with improvement in symptoms. The left ankle was improving. The patient states that he has achiness and stiffness of the low back. He was taking less ibuprofen due to the improvements with physical therapy. On exam of the lumbar spine there is tenderness in the bilateral paraspinal region and limited ranges of motion. Examination of the left ankle revealed marked improvement of edema, and minimal tenderness in the anterior talofibular ligament. The treatment plan includes continuing therapy and medications including Theraflex ultra cream 180 gm, to apply 2-3 times per day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Theraflex Ultra Cream 180gm apply 2-3 times daily: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Salicylate topicals Page(s): 111-113; 105.

Decision rationale: Theraflex cream contains Flurbiprofen/Cyclobenzaprine/Menthol 20%,10%,4%. Per guidelines "There is little use to support the use of many topical analgesics. Additionally , the MTUS states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Theraflex cream contains Cyclobenzaprine which is a muscle relaxant . The MTUS guidelines do not support topical Cyclobenzaprien. Additionally Thera-flex Cream contains Flurbiprofen . Per MTUS guidelines topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. Menthol is an ingredient in Ben Gay which is supported by the MTUS guidelines. Due to the fact that both topical cyclobenzaprine and long term Flurbiprofen are not medically necessary the request for Theraflex Ultra Cream 180gm is not medically necessary.