

Case Number:	CM13-0030262		
Date Assigned:	11/27/2013	Date of Injury:	07/31/2011
Decision Date:	04/04/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	09/30/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation has a subspecialty in Sports Medicine and is licensed to practice in Texas. 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 physician 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 female who reported an injury on 07/31/2011 due to repetitive trauma while performing normal job duties. The patient's treatment history included surgical intervention, medications, physical therapy, and a home exercise program. The patient ultimately underwent arthroscopic debridement of a type 1 SLAP tear with subacromial decompression of the left shoulder joint. The patient's most recent clinical examination findings included tenderness over the superior border of the trapezius on the left side and paracervical musculature spasming and tenderness. The patient's diagnoses included cervical spine sprain/strain and status post left shoulder arthroscopic surgery with significant improvement in symptoms. The patient's treatment plan included continuation of non-steroidal anti-inflammatory medications, continuation of a home exercise program and additional physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MONTH SUPPLY OF FLURIFLEX COMPOUND: 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: The requested 1 month supply of Fluriflex compound is not medically necessary or appropriate. The requested medication is a compounded topical analgesic that contains Flurbiprofen and Cyclobenzaprine. The Chronic Pain Medical Treatment Guidelines recommends the use of non-steroidal anti-inflammatory drug as topical analgesics when the patient is intolerant to oral formulations or when oral formulations of this type of medication are contraindicated for the patient. The clinical documentation submitted for review does not provide any evidence that the patient is intolerant of oral formulations of non-steroidal anti-inflammatory drugs. Additionally, the Chronic Pain Medical Treatment Guidelines does not recommend the use of muscle relaxants as topical analgesics as there is little scientific data to support efficacy and safety of these medications in this formulation. The Chronic Pain Medical Treatment Guidelines does not support the use of any medication that contains at least 1 drug or drug class that is not supported by Guideline recommendations. As such, the requested 1 month supply of Fluriflex compound is not medically necessary or appropriate.