

<b>Case Number:</b>	CM13-0034007		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	03/02/2010
<b>Decision Date:</b>	04/14/2014	<b>UR Denial Date:</b>	09/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/11/2013

### 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 Orthopedic Surgery, and is licensed to practice in Arizona. 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 57-year-old female who sustained an injury from a slip and fall on 3/2/2010. This resulted in complaints of neck, shoulder and back pain. The patient complains of pain in right shoulder radiating to all the fingers of her right hand associated with weakness. She has constant pain in her neck radiating into her lower back and constant low back pain radiating into her legs. The patient underwent a lumbar fusion on 1/11/11 with poor results. She carries the diagnosis of cervical strain and sprain with radiculopathy for which she has received cervical epidural injections, right shoulder tendinosis and impingement, thoracic strain sprain, lumbar spine spondylolisthesis, right carpal tunnel syndrome, trigger finger right long finger, right ankle strain sprain. Her previous medications included Norco, Naprosyn, and Tizanidine. She is now on tramadol and two topical compounds. Request is made for these 2 topical compounds: Fluriflex 180mg, and Medrol patches #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FLURIFLEX 180GM:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

**Decision rationale:** The MTUS guideline has a generalized statement which says any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. Fluriflex contains cyclobenzaprine. The MTUS states that there is no evidence for the use of any muscle relaxer as a topical product. Therefore, the medical necessity of Fluriflex has not been established.

**MEDROX PATCH, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** Medrox patches contain salicylate, capsaicin, and menthol and the capsaicin concentration is 0.0375%. According to the MTUS there is no current indication that this increased dosage of capsaicin over the usual 0.025 formulation would provide any further efficacy. At this lower dose, there are positive studies in patients with osteoarthritis, fibromyalgia, and chronic nonspecific back pain, but it should be Final Determination Letter for IMR Case Number [REDACTED] considered experimental in very high doses. Therefore, the medical necessity of using Medrox patches with this high dose of capsaicin has not been established