

Case Number:	CM13-0034798		
Date Assigned:	12/11/2013	Date of Injury:	07/20/2005
Decision Date:	12/10/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/15/2013

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 injured worker is a 41-year-old male who reported an injury on 07/20/2005 due to unspecified mechanism of injury. The injured worker complained of lower back pain and right ankle pain. The injured worker had diagnoses of cervical disc syndrome, left shoulder recurrent dislocation, left shoulder rotator cuff rupture, lumbar disc syndrome, and bilateral cubital tunnel syndrome. The diagnostics included a MRI of the lumbar spine dated 08/30/2012 that revealed a posterior broad based disc bulge at L4-5 and L5-S1 with moderate left degenerative facet osteoarthropathy at L4-5, along with a electromyogram and a nerve conduction study. Past treatments included medication, corticosteroid injection, and physical therapy. The objective findings dated 08/27/2013 of the lumbar spine revealed range of motion with flexion at 20 degrees and extension at 10 degrees. Range of motion was limited due to pain and spasms. A Valsalva's maneuver was positive. Kemp's test and straight leg raising in the supine position bilaterally was positive. The lower extremity motor strength was 4/5 bilaterally. The medications included TGHOT, and Flurflex. The treatment plan included Flurflex 1 jar. The Request for Authorization dated 08/27/2013 was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLURFLEX - ONE 180GM JAR: 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: The request for FLURFLEX - ONE 180GM JAR is not medically necessary. The California MTUS indicates topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. 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. This agent is not currently FDA approved for a topical application. FDA approved routes of administration for Flurbiprofen include oral tablets and ophthalmologic solution. A search of the National Library of Medicine - National Institute of Health (NLM-NIH) database demonstrated no high quality human studies evaluating the safety and efficacy of this medication through dermal patches or topical administration. California MTUS Guidelines do not recommend the topical use of Cyclobenzaprine as topical muscle relaxants as there is no evidence for use of any other muscle relaxant as a topical product. The addition of cyclobenzaprine to other agents is not recommended. The request did not address the frequency or dosage. As such, the request is not medically necessary.