

Case Number:	CM13-0035204		
Date Assigned:	12/13/2013	Date of Injury:	07/24/2012
Decision Date:	02/20/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	10/16/2013

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 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 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 57-year-old female with a work injury (cumulative trauma) dated 7/24/11-7/24/12. Her complaints for this claim are right 5th finger, right wrist, and stress. She attributes her injuries to the repetitive nature of her job duties. Her symptoms presented gradually and worsened before July 24, 2012. The patient states that she reported her injury on July 24, 2012. She was sent to [REDACTED] for treatment, she has since completed over 20 sessions of physical therapy to her right hand, as well as injections and surgery to her right 5th finger. She continues to have right fifth finger pain. The patient underwent a surgery to her right 5th finger on November 13, 2012 due to the current injury. PREOPERATIVE DIAGNOSES: Right small finger proximal phalanx muroid cyst. POSTOPERATIVE DIAGNOSES: Right small finger proximal interphalangeal joint muroid cyst. OPERATION PERFORMED: Right small finger proximal interphalangeal joint muroid cyst removal and excision of bone spur. Per 9/25/12 documentation X-Rays: reveal Right small finger proximal interphalangeal joint with some mild osteoarthritis. 7/8/13 OBJECTIVE FINDINGS reveal: Examination of the right wrist revealed tenderness to palpation over the lateral aspect of the right fifth digit. There was slightly limited range of motion. DIAGNOSES: 1. Right fifth digit callus, status post surgical excision. 2. History of stress and anxiety, industrial causation deferred. Patient was advised to take Theraflex (Flurbiprofen/Cyclobenzaprine/Menthol 20%/10%/4%) 120 g, to apply a thin layer to the affected area two-three times daily and wear a splint while working. Request addressed for review is whether refill of Thera-flex cream (Flurbiprofen/Cyclobenzaprine/Menthol 20%, 10%, 4%) 180mg, apply a thin layer 2-3 times per day or as directed is medically necessary. Per documentation patient has found Thera-flex helpful for her symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Thera-flex cream (Flurbiprofen/Cyclobenzaprine/Menthol 20%, 10%, 4%) 180mg apply a thin layer 2-3 times per day or as directed: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Topical Analgesics Page(s): 64, 105, 111-113.

Decision rationale: . "There is little use to support the use of many of these agents. (Topical analgesics." Additionally, 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. Guidelines discuss that," There is currently one Phase III study of Baclofen-Amitriptyline-Ketamine gel in cancer patients for treatment of chemotherapy-induced peripheral neuropathy. There is no peer-reviewed literature to support the use of topical baclofen. There is no evidence for use of any other muscle relaxant as a topical product." Additionally Thera-flex Cream contains Flurbiprofen. Per Chronic Pain Medical Treatment Guidelines, "The efficacy in clinical trials for this treatment (topical Non-Steroidal Anti-Inflammatory Drugs) modality has been inconsistent and most studies are small and of short duration. 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. "(Lin, 2004) (Bjordal, 2007) (Mason, 2004) Menthol is an ingredient in Ben Gay which is supported by the Chronic Pain Medical Treatment Guidelines. Due to the fact that both topical cyclobenzaprine and long term Flurbiprofen are not medically necessary the compounded Thera-flex cream (Flurbiprofen/Cyclobenzaprine/Menthol 20%, 10%, 4%) is not medically necessary