

Case Number:	CM13-0041646		
Date Assigned:	12/20/2013	Date of Injury:	12/14/2010
Decision Date:	06/04/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/30/2013

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 & Rehabilitation and is licensed to practice in California. 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 34 year old female with date of injury of 12/14/2010. The listed diagnoses per [REDACTED] dated 12/18/2013 include right shoulder bursitis, right shoulder rotator cuff syndrome, sstatus post left wrist compartmental release secondary to left wrist de Quervain's tenosynovitis, sleep disorder, chronic pain, and gastrointestinal upset. According to the report, the patient complains of right shoulder and left wrist pain with repetitive use. She is not taking any medications at this time. Examination of the shoulder revealed decreased range of motion. There is a positive impingement sign and tenderness at the AC joint. The right wrist shows decreased range of motion in the thumb on flexion and a positive Finkelstein's test. There is also decreased grip strength at 4/5 on the right. The utilization review denied the request on 09/25/2013. The treater is requesting refills for Theraflex plus cream and Theraflex cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

THERAFLEX PLUS CREAM

(FLURBIPROFEN/CYCLOBENZAPRINE/GABAPENTIN/MENTHOL) 120MG: 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: This patient presents with chronic right shoulder and left wrist pain. The patient is status post left 1st dorsal compartment release from 2012. The treater is requesting a Theraflex plus cream. The MTUS Chronic Pain Guidelines page 111 states for topical analgesics, "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." MTUS Chronic Pain Guidelines further states, "Any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended." Theraflex Plus cream is a compound cream Flurbiprofen20%, Cyclobenzaprine8%, Gabapentin 8%, and Menthol 4%. In this case, Cyclobenzaprine, a muscle relaxant is not recommended as a topical compound. The request is therefore not medically necessary and appropriate.

THERAFLEX CREAM 120MG 2-3XDAY: 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 MTUS Chronic Pain Guidelines page 111 states for topical analgesics, "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." The MTUS Chronic Pain Guidelines further states, "Any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended." Theraflex cream is a compound cream containing Flurbiprofen20%, Cyclobenzaprine10 %, and Menthol 4%. In this case, Cyclobenzaprine, a muscle relaxant is not recommended as a topical compound. The request is therefore not medically necessary and appropriate.