

Case Number:	CM13-0045781		
Date Assigned:	12/27/2013	Date of Injury:	01/12/2012
Decision Date:	03/07/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	11/12/2013

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 Emergency Medicine and is licensed to practice in New York and Tennessee. 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 47-year-old female who was injured on January 12, 2012. The patient continued to experience right shoulder pain. MRI of the right shoulder done on October 3, 2012 showed partial rotator cuff tear. Treatment included right shoulder arthroscopy, physical therapy, acupuncture, and medications. Request for authorization for Theraflex cream 180 gm was submitted on October 9, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Theraflex cream (Flurbiprofen/Cyclobenzaprine/Menthol): Upheld

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

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

Decision rationale: Topical analgesics are recommended for neuropathic pain when anticonvulsants and antidepressants have failed. Compounded topical analgesics are commonly prescribed and there is little to no research to support the use of these compounds. Furthermore, the guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Theraflex cream contains flurbiprofen,

cyclobenzaprine, and menthol. Flurbiprofen is a nonsteroidal anti-inflammatory drug. Topical NSAIDs have been shown to be superior to placebo in the treatment of osteoarthritis, but only in the short term and not for extended treatment. The effect appears to diminish over time. Absorption of the medication can occur and may have systemic side effects comparable to oral form. Adverse effects for GI toxicity and renal function have been reported. It has not been evaluated for treatment of the spine, hip, or shoulder. The only FDA recommended topical NSAID is diclofenac. Flurbiprofen is recommended for oral use only. Cyclobenzaprine is a muscle relaxant. There is no evidence for the use of cyclobenzaprine as a topical agent. There are no guidelines present for menthol. This topical agent contains medications that are not recommended. Therefore it cannot be recommended.