

Case Number:	CM13-0045842		
Date Assigned:	12/27/2013	Date of Injury:	08/11/2005
Decision Date:	05/28/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	11/12/2013

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 Osteopathic Manipulative Medicine, 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:

This is a 59 year old female patient with date of injury as August 11, 2005 with stated mechanism of injury as repetitive motion as result of normal job related duties. She complains of chronic cervical and lumbar strain, a right rotator cuff syndrome, bilateral elbow epicondylitis and bilateral carpal tunnel syndrome. She is currently awaiting authorization for Hand surgeon referral. Requesting physician note dated September 27, 2013 states that 'the aim of requested Theraflex topical cream is to temporarily relieve the patient's minor aches and muscle pain associated with arthritis, strains, muscle soreness and stiffness'.

IMR ISSUES, DECISIONS AND RATIONALES

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

THERAFLEX CREAM (FLUBIPROFEN/CYCLOBENZAPRINE/MENTHOL 20%19%14%) 120G, NO REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-3.

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

Decision rationale: Per MTUS Chronic pain guidelines, pg 111 as states by previous medical review '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. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. 'It goes further to state: 'There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended.' Name search of the MTUS did not identify Theraflex as listed within the guidelines. Although her requesting physician is correct in identifying that topical analgesics lack systemic side effects and can be prescribed without having to titrate, other medicinals listed in the original request for Theraflex identifies medications that have meta-analysis study of proven efficacy. Based upon the MTUS guidelines for chronic pain, the request is denied as not medically necessary.