

Case Number:	CM13-0046476		
Date Assigned:	12/27/2013	Date of Injury:	02/04/2013
Decision Date:	03/07/2014	UR Denial Date:	10/29/2013
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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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 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 56-year-old male who reported an injury on 02/04/2013. The mechanism of injury was not provided in the medical records. His diagnoses include status post blunt injury with loss of consciousness, multiple fascial contusions, status post left eye ocular trauma, cervical spine musculoligamentous sprain/strain, thoracic spine musculoligamentous sprain/strain, lumbar spine musculoligamentous sprain/strain, left 9th and 10th rib fractures, status post left shoulder ORIF on 02/14/2013, bilateral lower leg lacerations, depression/anxiety, and sleep disturbance secondary to pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluriflex 180mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications Fluriflex Page(s): 111-113.

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

Decision rationale: According to the California MTUS Guidelines, topical analgesics are largely experimental in use with limited evidence demonstrating efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have

failed. The guidelines further specify that any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. The requested FluriFlex cream is noted to include topical Flurbiprofen 15% and Cyclobenzaprine 10%. The guidelines specify that topical NSAIDs have been shown 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. The guidelines also state that there is little evidence to utilize topical NSAIDs for the treatment of osteoarthritis of the spine, hip, or shoulder. As the patient's injuries seemed to have occurred in the spine and the shoulder, the use of topical NSAIDs is not supported. Additionally, Voltaren 1% gel is noted to be the only topical NSAID that is currently FDA approved. Moreover, the guidelines indicate that there is no evidence for use of muscle relaxants as a topical product. For these reasons, the request is non-certified.

Medrox Patch #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals, Topical Analgesic, Capsaicin Page(s): 105, 111, 112.

Decision rationale: According to the California MTUS Guidelines, topical analgesics are largely experimental in use with limited evidence demonstrating efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines further specify that any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. Medrox patches are noted to include methyl salicylate 20%, menthol 5%, and Capsaicin 0.0375%. The guidelines specify that topical salicylates have been shown to be more effective than placebo in chronic pain and are recommended. However, topical Capsaicin is noted to be recommended only as an option in patients who have not responded or are intolerant to other treatments. Additionally, the guidelines specify that there have been no studies of a 0.0375% formulation of Capsaicin and there is no current indication that the increase over a 0.025% formulation would provide any further efficacy. The clinical information submitted for review failed to provide evidence of other treatments that the patient did not respond or was intolerant to in order to warrant use of topical Capsaicin. Moreover, as the Medrox patch contains the 0.0375% formation of Capsaicin and this formulation is not recommended by guidelines, the request is not supported. For these reasons, the request is non-certified.