

<b>Case Number:</b>	CM13-0054140		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	09/15/2010
<b>Decision Date:</b>	03/26/2014	<b>UR Denial Date:</b>	09/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/19/2013

### 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 44-year-old male who was injured on September 15, 2010. The patient continued to experience pain in his back and bilateral knees. Physical examination showed symmetrical sensation and motor strength with decreased range of motion of the lumbar spine secondary to pain. MRI's were documented as showing herniated discs. Treatment included lumbar spine surgery, physical therapy, and medications. Request for authorization for FlurFlex topical cream was received November 19, 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FlurFlex topical cream:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines. .

**Decision rationale:** FlurFlex is a compounded topical analgesic containing Flurbiprofen and Cyclobenzaprine. 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." Flurbiprofen is a non-steroidal anti-inflammatory drug (NSAID). 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. There is no comment on topical Flurbiprofen in the Chronic Pain Medical Treatment Guidelines. Cyclobenzaprine is a skeletal muscle relaxant. There is no evidence for the use of topical muscle relaxant. The components of the FlurFlex are not recommended. Therefore, the FlurFlex is not recommended.