

Case Number:	CM13-0059291		
Date Assigned:	12/30/2013	Date of Injury:	03/18/2010
Decision Date:	05/06/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/02/2013

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 Occupational Medicine, 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 45 year old male who was injured on 03/18/2010 while lifting large heavy airplane parts weighing approximately 50 pounds. He experienced pain in his lower back with diffuse radiating pain into both thighs to the knees. Prior treatment history has included x-rays, medications, back support and chiropractic treatment. He had physical therapy to the lower back and knees, epidural steroid injection and trigger point injections. Diagnostic studies reviewed include MRI of the lower extremity left knee revealing Grade I-II degenerative signal in the menisci with a tear of the posterior horn of the lateral meniscus extending to the inferior articular surface; and small joint effusion in the suprapatellar bursa and small amount of fluid in the popliteal bursa. An orthopedic follow-up examination dated 11/12/2013 reports the patient had complaints of lower back pain rated as 8/10; right knee pain rated as 8/10, and left knee pain rated as 8/10. The patient also complains of clicking, popping, locking, weakness, and giving out of both knees, right greater than left. On review of the recommendation, the patient's prescribed topical creams were refilled along with FlurFlex, 180 gm applied twice daily to the skin to area of complaint, to reduce pain and decrease the need of oral medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLURFLEX: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, section on NSAID.

Decision rationale: Flurflex (flubiprofin/cyclobenzaprine) is an NSAID/muscle relaxant compounded topical medicine that is not FDA approved for topical antiinflammatory use in patients with musculoskeletal injuries or problems. Therefore the request for Flurflex for this patient is not medically necessary and appropriate.