

Case Number:	CM13-0066652		
Date Assigned:	01/03/2014	Date of Injury:	08/25/2001
Decision Date:	04/21/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/16/2013

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 Physical Medicine & Rehabilitation and is licensed to practice in Texas. 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 62 year old male that reported and injury on 08/25/2001. The mechanism of injury was not provided in the medical records. The clinical note dated 11/26/2013 the patient complained of bilateral knee pain worsening. No pain levels were provided or levels of pain before and after medication. The surgical history is listed as status post right knee arthroscopy, partial medial meniscectomy, debridement of patella and de4vridement of medial femoral condyle 03/03/1998 status post left knee arthroscopy with chondral debridement, synovectomy and partial medial meniscal debridement 03/29/2006, status post left total knee arthroplasty 04/14/2007. The medical records did not include any diagnostic procedures. No therapies were included in the medical records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLURIFLEX TOPICAL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flurbiprofen; Topical Analgesics; Cyclobenzaprine Page(s): 72; 111; 41.

Decision rationale: Flurbiprofen is classified as a non-steroidal anti-inflammatory agent. The CA MTUS indicates topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Topical NSAIDs have been shown in meta-analysis 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. This agent is not currently FDA approved for a topical application. FDA approved routes of administration for Flurbiprofen include oral tablets and ophthalmologic solution. A search of the National Library of Medicine - National Institute of Health (NLM-NIH) database demonstrated no high quality human studies evaluating the safety and efficacy of this medication through dermal patches or topical administration. California MTUS Guidelines do not recommend the topical use of Cyclobenzaprine. There is no evidence for use of any muscle relaxant as a topical product. The addition of cyclobenzaprine to other agents is not recommended. The documentation provided did not include pain levels or any subjective or objective levels after medication use and with the MTUS not recommending FluriFlex, therefore the request is non-certified.