

<b>Case Number:</b>	CM13-0070162		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	04/12/2012
<b>Decision Date:</b>	05/02/2014	<b>UR Denial Date:</b>	12/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/24/2013

### 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 and Rehabilitation, has a subspecialty in Sports Medicine 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 71-year-old female who reported an injury on 04/12/2011. The mechanism of injury was a fall. The most recent physical examination dated 09/19/2013 revealed the patient had flare-ups and was going to physical therapy. The patient had anterior tenderness with stiffness and limited range of motion in the left shoulder. The patient's diagnosis included left shoulder osteoarthritis. The [REDACTED] Form RFA submitted for the date of 12/02/2013 revealed a request for urinalysis, Biotherm, Theraflex and Dyotin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**THERAFLEX 180GM:** 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:** California MTUS indicates topical analgesics are 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....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. Flurbiprofen is classified as a non-steroidal anti-inflammatory agent. 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 as a topical muscle relaxants as there is no evidence for use of any other muscle relaxant as a topical product. The addition of cyclobenzaprine to other agents is not recommended. The clinical documentation submitted for review to support this request was in the form of a [REDACTED] Form RFA. There was no PR-2 submitted with a rationale for the requested medication. There was a lack of documentation indicating the patient had a trial and failure of antidepressants and anticonvulsants and had neuropathic pain. There was a lack of documentation of exceptional factors to warrant non-adherent to guideline recommendations. Given the above, the request for Theraflex 180 gm is not medically necessary.