

Case Number:	CM13-0072601		
Date Assigned:	01/17/2014	Date of Injury:	11/29/2005
Decision Date:	06/09/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	12/31/2013

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 Anesthesiology, has a subspecialty in Pain Management 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 an employee of [REDACTED] and has submitted a claim for neck and bilateral upper extremity symptoms with an associated industrial injury date of November 29, 2005. Treatment to date has included Klonopin, Fioricet, Atenolol, Medrox Cream, Amitryptiline/Tramadol cream, Flurbiprofen/Diclofenac cream, Acupuncture for 3 sessions, Extracorporeal Shockwave Therapy for 1 session, right shoulder decompression done on 2012 and right carpal tunnel release done on 09/29/2008. Medical records from 2012 through 2013 were reviewed, which showed that the patient complained of neck and bilateral upper extremity symptomatology. On physical examination of the cervical spine, there was noted mild positive head compression sign with mild limitation of flexion, extension, bending and rotation. The acromioclavicular joint of the right shoulder has moderate amount of degeneration. Range of motion showed abduction at 155 degrees, flexion at 155 degrees, extension at 30 degrees, adduction at 30 degrees, external rotation at 45 degrees and internal rotation at 40 degrees. Wrist and elbow range of motion was full and normal. There was noted bilateral forearm tenderness. Paraspinous tenderness was noted on the lumbar spine with pain on flexion and extension. No sciatica was noted. Utilization review from December 17, 2013 denied the request for Fluriflex 15/10% 240gm cream to apply a thin layer to affected area twice daily because topical analgesics are recommended for neuropathic pain after failed trials of antidepressants and anticonvulsants. Medical records showed that there is no documentation that the claimant has been unresponsive to other treatment including pain medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLURIFLEX 15/10% 240GM CREAM TO APPLY A THIN LAYER TO AFFECTED AREA TWICE DAILY: Upheld

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

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

Decision rationale: According to pages 111-113 of the CA MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Fluriflex cream contains flurbiprofen and cyclobenzaprine. Compounded flurbiprofen and NSAIDs in general do not show consistent efficacy and are not FDA approved. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system antidepressant. However, the addition of cyclobenzaprine to other agents is not recommended. In this case, the patient has been complaining of persistent pain of the neck and bilateral upper extremities. The documentation submitted for review was insufficient to indicate that the patient has failed a trial of oral pain medications prior to proceeding with the use of topical analgesic. Furthermore, any compounded product that contains at least one drug or drug class that is not recommended is also not recommended. There was also no discussion concerning the prescription of unsupported medications based on guidelines. Therefore, the request for Fluriflex cream 15/10% 240gm cream to apply a thin layer to affected area twice daily is not medically necessary.