

Case Number:	CM13-0072715		
Date Assigned:	01/08/2014	Date of Injury:	07/09/2003
Decision Date:	06/05/2014	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 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 58 year old female who was injured on 07/09/2003 who sustained a spinal and bilateral knee injury when she was lifting a 70 pound casket that rolled over. Prior treatment history has included lumbar spine surgery on 10/31/2012 (posterior lumbar interbody fusion at L4-5 and L5-S1); right total knee arthroplasty on 05/12/2008, and left total knee arthroplasty on 02/22/2010 On pain medicine re-evaluation dated 11/21/2013 indicates the patient presents with complaints of low back pain that radiates to the bilateral lower extremities. She reports neck pain that radiates to bilateral upper extremities and headache. The average pain level is 8/10 with medications and 10/10 without medications. The patient reports no changes in medications being prescribed. Objective findings on exam reveal the patient is observed to be in moderate distress. The patient's gait is antalgic and slow assisted with the use of a cane. The range of motion of the lumbar spine reveals moderate reduction secondary to pain. The pain is significantly increased with flexion and extension. The spinal vertebral tenderness is noted in the lumbar spine at the L4-S1 level Sensory examination shows decreased touch in the right upper extremity and left upper extremity. Decreased sensation is noted along the C6-7 dermatome. Diagnoses are lumbar radiculopathy, status post lumbar fusion, cervical radiculopathy, cervical facet arthropathy, and bilateral knee pain. The treatment plan includes Tramadol and Percocet.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLURIFLEX CREAM 180GM: Upheld

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

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

Decision rationale: Fluriflex is a topical analgesic composed of Flurbiprofen (Non-steroidal anti-inflammatory agent) and Cyclobenzaprine (muscle relaxant). According to the California MTUS guidelines, topical analgesics are recommended as an option for chronic pain treatment. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. In this case, the medical records do not document that the medical management with antidepressants and/or anticonvulsants was not effective in treating this patient's chronic pain. Cyclobenzaprine is not recommended for topical application. Topical NSAIDs are only recommended for short-term use. Long-term efficacy has not been established. The request for Fluriflex cream 180 gm is not medically necessary and appropriate.