

Case Number:	CM14-0000684		
Date Assigned:	01/29/2014	Date of Injury:	09/23/2009
Decision Date:	08/07/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	01/02/2014

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 and is licensed to practice in Georgia. 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 59 year old female who was injured on 09/23/2009. The mechanism of injury is unknown. She has been treated conservatively with epidural steroid injections (2) to lumbar and cervical spine and 12 sessions of physical therapy with some improvement. He underwent a lumbar spine fusion in 2011 and cervical spine surgery (anterior cervical discectomy and fusion) in 2012. On ortho note dated 10/14/2013, the patient complained of neck pain rated as 6-7/10 and low back pain rated as 8/10. She also complained of left shoulder pain and stiffness as well as left hand middle finger and thumb triggering with associated numbness and tingling. Objective findings on exam revealed range of motion of the lumbar spine exhibited flexion to 35/60; extension to 20/25; bilateral lateral flexion 20/25. All orthopedic tests were negative bilaterally. Motor strength is -5/5 in all muscle planes. Diagnoses are cervical disc syndrome, left shoulder rotator cuff syndrome, and lumbar disc syndrome. Flurflex is requested at this visit, to be applied to areas of complaint to reduce and decrease the need for oral medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWO OF TWO FLURFLEX TOPICAL CREAM: Upheld

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

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

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines (July 18, 2009), in the section regarding topical analgesics (page 111), notes that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. An internet search for Flurflex finds only one useful hit on <http://www.drugs.com/international/flurflex.html>, which indicates that Flurflex may be a trade name for Flurbiprofen in Turkey. As a previous reviewer in a utilization review dated 11/27/2013, I will address this request as being for Flurflex cream. An internet search for Flurflex cream: <http://www.dir.ca.gov/dwc/IMR/IMR%20Decisions/IMR%20Decisions%2013-001000%20thru%2013-004999/IMR-13-1626.pdf>, which notes the active ingredients Flurflex Cream as Flurbiprofen/Cyclobenzaprine 15/10%. The above cited the MTUS guidelines note, regarding muscle relaxants other than baclofen, that there is no evidence for use of any other muscle relaxant as a topical product. Based on the MTUS guidelines and criteria as well as the clinical documentation stated above, the Flurflex topical cream is not medically necessary.