

<b>Case Number:</b>	CM14-0001698		
<b>Date Assigned:</b>	01/22/2014	<b>Date of Injury:</b>	08/15/2012
<b>Decision Date:</b>	06/12/2014	<b>UR Denial Date:</b>	12/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/06/2014

### 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 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 injured worker is a 48 year old male who reported an injury on 08/15/2012 due to an unknown mechanism. The clinical notes dated 01/31/2014 indicated diagnoses of herniated nucleus at L4-L5, lumbosacral radiculitis and paresthesia. The injured worker reported lower back pain and numbness and tingling in the anterior aspect of the left thigh and knee. The injured worker also reported neck stiffness and leg cramping and stiffness. On physical exam, the lumbar spine revealed tenderness to palpation over the right paraspinal, left sacroiliac joint and left sciatic notch. The injured worker's range of motion findings were limited to flexion 30 degrees. He reported pain from flexion and rotation beyond 30 degrees to the right. The injured worker had sluggish patellar reflex on the left, and sensation was decreased in the anterior thigh on the left. The injured worker completed 12 sessions of physical therapy on 02/28/2014 and continued chiropractic therapy with some improvement. The injured worker's medication regimen included Ibuprofen and Bio-Therm. The request for authorization was submitted on 12/06/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**THERAFLEX PLUS CREAM (FLURBIPROFEN, CYCLOBENZAPRINE, MENTHOL 20%/10%/4%) 180 GRAM, APPLY THIN LAYER TWO (2) TO THREE (3) TIMES PER DAY OR AS DIRECTED TO THE LUMBAR SPINE, WITH NO REFILLS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESIC Page(s): 111.

**Decision rationale:** The request for Theraflex Plus Cream (Flurbiprofen, Cyclobenzaprine, Menthol 20%, 10%, 4%) 180 gram, apply thin layer two (2) to three (3) times per day or as directed to the lumbar spine, with no refills is not medically necessary. The injured worker was diagnosed with herniated nucleus at L4-L5, lumbosacral radiculitis and paresthesia. The injured worker reported lower back pain and numbness and tingling in the anterior aspect of the left thigh and knee. The Theraflex Plus Cream ingredients are (Flurbiprofen, Cyclobenzaprine, Menthol 20%, 10%, 4%). The California Chronic Pain Medical Treatment Guidelines The California Chronic Pain Medical Treatment Guidelines state that transdermal compounds are largely experimental in use with few randomized controlled trials to determine efficiency or safety. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines note muscle relaxants are not recommended for topical application. The guidelines note topical NSAIDs are recommended osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment for short-term use (4-12 weeks). The guidelines note there is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Within the provided documentation it did not appear the injured worker had a diagnosis for which topical NSAIDs would be indicated. Additionally, the topical use of muscle relaxants is not recommended. Therefore, per the California Chronic Pain Medical Treatment Guidelines, the request for Theraflex Plus Cream (Flurbiprofen, Cyclobenzaprine, Menthol 20%, 10%, 4%) 180 gram, apply thin layer two (2) to three (3) times per day or as directed to the lumbar spine, with no refills is not medically necessary