

Case Number:	CM14-0104461		
Date Assigned:	07/30/2014	Date of Injury:	01/29/2010
Decision Date:	09/10/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/07/2014

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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic upper back pain reportedly associated with an industrial injury of January 29, 2010. Thus far, the applicant has been treated with analgesic medications, multiple interventional spine procedures, transfer of care to and from various providers in various specialties, unspecified amounts of physical therapy, opioid therapy and topical compounds. In a Utilization Review Report dated July 1, 2014, the claims administrator approved a request for Norco and retrospectively approved a urine drug screen while denying a topical compounded Fluriflex ointment. The applicant's attorney subsequently appealed. In a progress note dated March 20, 2014, the applicant presented with persistent complaints of mid back pain radiating to the right shoulder, 7-8/10. The applicant reported derivative complaints of anxiety, depression, social isolation, and chronic shoulder pain. The applicant's medication list included Naproxen, Ambien, Mevacor, Zestril, Protonix, Coreg, Cialis, and Axiron. DNA testing, a functional capacity evaluation, GABAdone, Theramine, and Nucynta were endorsed. It was stated that the applicant was working. Various therapeutic injections were sought. Topical compounds were subsequently prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluriflex Compounded Ointment up to three times a day QTY: 1: Upheld

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

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

Decision rationale: One of the ingredients in the compound is Flexeril, a muscle relaxant. However, as noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants are not recommended for topical compound formulation purposes. This results in the entire compound's carrying an unfavorable recommendation, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that the applicant's ongoing usage of first-line oral pharmaceuticals such as Nucynta, effectively obviates the need for the largely experimental topical compound in question. Therefore, the request is not medically necessary.