

Case Number:	CM14-0106443		
Date Assigned:	07/30/2014	Date of Injury:	02/24/2011
Decision Date:	09/15/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/09/2014

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 & 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 54-year-old male who reported a blow to the right leg on 02/24/2011. On 05/20/2014, his diagnoses included low back syndrome, sciatic neuritis, bilateral knee osteoarthritis/degenerative joint disease, status post left knee arthroscopic meniscectomy on 10/24/2013, status post right knee arthroscopic meniscectomy on 01/16/2013, bilateral knee medial meniscus complex tear, and bilateral knee tricompartmental osteoarthritis. His complaints included right knee pain rated at 8/10. He reported clicking, popping, locking, and giving way of the knees. He reported that his knee pain awakened him at night. He further reported that his pain was increased with walking. He was engaged in a home exercise program. His medications included Flexeril, Norco, omeprazole DR, and tramadol DR. There were no dosages noted for any of the medications. There was a request for a refill of topical creams, most notably TGHOT and Flurflex. The rationale for these 2 creams stated that they were to be applied directly to areas of complaint to reduce pain and decrease the need of oral medications. The Request for Authorization dated 05/20/2014 was included in this worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound: Flurflex 10%, Cyclobenzapine 10% 180gms: Upheld

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

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

Decision rationale: The California MTUS Guidelines refer to topical analgesics as largely experimental with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded in combination for pain control including non-steroidal anti-inflammatory drugs (NSAIDs) and muscle relaxants. There is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug or drug class that is not recommended, is not recommended. Topical NSAIDs are recommended for short term use of 4 to 12 weeks. The only FDA approved NSAID topical application is Voltaren gel 1% (diclofenac) which is indicated for relief of osteoarthritis pain in joints. Flurflex contains flurbiprofen and cyclobenzaprine. Flurflex is not FDA approved for topical application. There is no evidence for use of any muscle relaxant as a topical product. Furthermore, the body part or parts that this cream was to be applied was not specified in the request nor was the frequency of application. Therefore, the request for compound Flurflex 10%, cyclobenzaprine 10% 180 gm is not medically necessary.