

<b>Case Number:</b>	CM14-0010282		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	06/28/1996
<b>Decision Date:</b>	06/25/2014	<b>UR Denial Date:</b>	01/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/28/2014

### 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 patient has submitted a claim for neck pain and right shoulder pain, associated with an industrial injury date of July 27, 2001; CT July 9, 1989 to July 27, 2001. Medical records from 2013 through 2014 were reviewed. The latest progress report, dated 01/23/2014, showed persistent neck and right shoulder pain. Physical examination revealed decreased range of motion of the cervical spine. There was tenderness to the paraspinals and trapezius muscles. Spurling's test was positive and there was noted decreased sensation at C5-C8 dermatomes. The right shoulder revealed decreased range of motion and decreased strength. = Neer's impingement and Hawkin's impingement were positive.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**THERAFELEX CREAM (FLURBIPROFEN/CYCLOBENZAPRINE/MENTHOL 20%/10%/4%) 120GM:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 112-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Topical Salicylates.

**Decision rationale:** According to pages 112-113 of the CA MTUS Chronic Pain Medical Treatment Guidelines, ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. Compounded Flurbiprofen and Cyclobenzaprine in general do not show consistent efficacy and are not FDA approved. Regarding the Menthol component, CA MTUS does not cite specific provisions, but the ODG Pain Chapter issued an FDA safety warning which identifies rare cases of serious burns that have been reported to occur on the skin with menthol, methyl salicylate, or capsaicin. In this case, the rationale of using a topical lotion is to reduce impact on the patient's gastrointestinal system brought by the use of Naproxen, which the patient has continually taken since 2013. However, guidelines state that any compounded product that contains a drug class that is not recommended is not recommended. Theraflex cream contains drug components that are not recommended for topical use. Therefore, the request for Therafelex Cream (Flurbiprofen/Cyclobenzaprine/Menthol 20%/10%/4%) 120GM is not medically necessary and appropriate.