

Case Number:	CM14-0010819		
Date Assigned:	02/21/2014	Date of Injury:	08/15/2012
Decision Date:	11/19/2014	UR Denial Date:	12/28/2013
Priority:	Standard	Application Received:	01/27/2014

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 Emergency Medicine and is licensed to practice in New York. 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 48-year-old male who was injured on August 15, 2012. The patient continued to experience low back pain. Physical examination was notable for normal gait, mild paraspinal tenderness and pain with lumbar extension, slightly decreased extensor hallucis longus strength, intact sensation, and negative straight leg raise bilaterally. Diagnosis included L4-L5 disc herniation with left-sided neuroforaminal compromise. Treatment included medications and physical therapy. Request for authorization for theraflex plus cream 180 gms was submitted for consideration.

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 Grams - Apply Thin Layer 2-3 Times Daily or as Directed to Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 111-112. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Treatment Guidelines from the Medical Letter, April 1, 2013, Issue 128: Drugs for pain

Decision rationale: Theraflex plus cream is a compounded topical analgesic containing flurbiprofen, cyclobenzaprine, and menthol. Topical analgesics are recommended for neuropathic pain when anticonvulsants and antidepressants have failed. Compounded topical analgesics are commonly prescribed and there is little to no research to support the use of these compounds. Furthermore, the guidelines state that "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Flurbiprofen is a non-steroidal anti-inflammatory drug (NSAID). Flurbiprofen is recommended as an oral agent for the treatment of osteoarthritis and the treatment of mild to moderate pain. It is not recommended as a topical preparation. Flexeril is cyclobenzaprine, a muscle relaxant. There is no evidence for use of this muscle relaxant as a topical product. The medication is not recommended. Topical analgesics containing menthol, methylsalicylate or capsaicin are generally well-tolerated, but there have been rare reports of severe skin burns requiring treatment or hospitalization. This medication contains drugs that are not recommended. Therefore, the request is not medically necessary.