

Case Number:	CM14-0013713		
Date Assigned:	02/26/2014	Date of Injury:	03/02/2010
Decision Date:	07/24/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	02/03/2014

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 Internal 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:

This is a 48-year-old male with a 3/2/10 date of injury. He was taking a horse on a ride in course of employment when his horse reared up causing the injured worker to strike his head and back on the ceiling of the barn. According to a progress report on 12/2/13, the patient complained of low back pain rating 7/10 on a pain scale. The patient was prescribed Lidoderm patches which did not provide relief and had received a facet block injection to the lumbar spine which provided 2 days of relief. Physical exam revealed thoracolumbar spine with limited range of motion due to pain and spasm upon flexion and extension, right flexion and left lateral flexion with guarded movement, Kemp's test and straight leg raise in supine were positive bilaterally. Diagnostic Impression included low back syndrome, lumbar spine spondylosis, lumbar disc syndrome, status post lumbar spine surgery, depression, and anxiety. Treatment to date includes medication management, activity modification, and surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLURFLEX: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 25, 28, 111-113.

Decision rationale: The CA MTUS Chronic Pain Medical Treatment Guidelines state that Ketoprofen, Lidocaine (in creams, lotion or gels), Capsaicin in anything greater than a 0.025% formulation, Baclofen, Boswellia Serrata Resin, and other muscle relaxants, and Gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Flurflex is a topical cream containing Flurbiprofen 10% and Cyclobenzaprine 10% which is not supported for topical use according to the MTUS guidelines. A specific rationale identifying why Flurflex compounded cream would be required in this patient despite lack of guidelines support was not identified. Therefore, the request for Flurflex was not medically necessary.