

<b>Case Number:</b>	CM14-0016444		
<b>Date Assigned:</b>	04/11/2014	<b>Date of Injury:</b>	04/09/1998
<b>Decision Date:</b>	05/28/2014	<b>UR Denial Date:</b>	01/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2014

### 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 Family Practice and is licensed to practice in Texas. 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 62-year-old female who reported an injury on 04/09/1998. The mechanism of injury was not provided. Prior treatments include multiple topical creams and B 12 injections as well as oral medications. Prior topicals include Amitriptyline/Tramadol/Dextro and Flurbiprofen/Diclofenac topical cream as of 2012. The documentation of 12/13/2013 revealed the injured worker had neck pain and periodic numbness and tingling. The injured worker additionally did home exercises, used ibuprofen, and had a traction unit. The objective physical examination revealed a positive head compression sign, decreased sensibility in the median distribution, and bilateral trapezius muscle tenderness. The diagnoses include cervical sprain/strain syndrome, multilevel cervical discopathy, lumbar sprain/strain, multilevel lumbar discopathy, status post right shoulder rotator cuff repair 07/17/2006, right shoulder bursitis and left shoulder rotator cuff tear. The treatment plan included a vitamin B-12 injection, Motrin, and Fluriflex 180 gm cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FLURIFLEX 15/10% 180GM CREAM:** 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): 72;111;41.

**Decision rationale:** California MTUS indicates topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed ... Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. This agent is not currently FDA approved for a topical application. FDA approved routes of administration for Flurbiprofen include oral tablets and ophthalmologic solution. A search of the National Library of Medicine - National Institute of Health (NLM-NIH) database demonstrated no high quality human studies evaluating the safety and efficacy of this medication through dermal patches or topical administration ... California MTUS Guidelines do not recommend the topical use of Cyclobenzaprine as a topical muscle relaxants as there is no evidence for use of any other muscle relaxant as a topical product. The addition of cyclobenzaprine to other agents is not recommended. The clinical documentation submitted for review failed to indicate the injured worker had a trial and failure of antidepressants and anticonvulsants. There was a lack of documentation of exceptional factors to warrant non-adherence to FDA and Guideline recommendations. This was a primary prescription for Fluriflex. However, there was documentation indicating the injured worker had trialed previous topicals with NSAIDs. The request for Fluriflex 15/10% 180 gm cream is not medically necessary and appropriate.