

Case Number:	CM14-0119350		
Date Assigned:	08/06/2014	Date of Injury:	08/25/2010
Decision Date:	09/24/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	07/28/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain & Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant sustained a work injury on 08/25/10 when he was pushed into a bin. He continues to be treated with low back, right knee, and right foot pain. He underwent right knee arthroscopy on 01/20/12. An MRI of the lumbar spine on 08/21/12 included findings of mild to moderate L4-5 and L5-S1 spondylosis with moderate to severe bilateral foraminal narrowing and EMG/NCS testing on 09/18/12 showed findings consistent with L5-S1 nerve root compression. He underwent a lumbar decompression and fusion on 11/23/13. In postoperative follow-up on 01/15/14 he was having muscle spasms and residual pain. He was continuing to take medications. Physical examination findings included a slightly antalgic gait. There was limited lumbar spine range of motion with paraspinal muscle tightness. He was noted to be ambulating with a cane. Cyclobenzaprine 7.5 mg, Norco 10/325 mg #90, Narcosoft #90, and Restone 3/100 mg were prescribed. He was referred for acupuncture treatments and was to begin physical therapy. On 06/18/12 he was having low back pain, right knee pain, and right foot pain. Therapy was helping but only a little. He was taking Norco for pain. Physical examination findings included a normal gait. There was lumbar paraspinal and midline tenderness with decreased range of motion. There was a normal neurological examination. He had right knee tenderness and mildly positive stress testing. He was mild hamstring tenderness. He had decreased knee strength. He had completed eight sessions of physical therapy. Norco 10/325 mg #60, omeprazole 20 mg #60, and FluriFlex cream were prescribed. He was continued at temporary total disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

FluriFlex Cream #240gm: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Topical Analgesics Page(s): 60,111-113.

Decision rationale: FluriFlex is a combined medication including Flurbiprofen and Cyclobenzaprine. Flurbiprofen is a non-steroidal anti-inflammatory medication. Compounded topical preparations of flurbiprofen are used off-label (non-FDA approved) and have not been shown to be superior to commercially available topical medications such as Diclofenac. Cyclobenzaprine is a muscle relaxant and there is no evidence for the use of any muscle relaxant as a topical product. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it is not possible to determine whether any derived benefit is due to a particular component. Guidelines also recommend that when prescribing medications only one medication should be given at a time. Therefore, the request is not medically necessary and appropriate.