

Case Number:	CM14-0128720		
Date Assigned:	08/18/2014	Date of Injury:	12/02/2009
Decision Date:	09/18/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	08/13/2014

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 Pain Medicine & Rehabilitation 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 44 year old female injured on 12/02/09 due to an undisclosed mechanism of injury. Diagnoses include cervical radiculopathy, neck pain, left shoulder sprain/strain, left shoulder pain, lumbar radiculopathy, chronic pain syndrome, mild fascial syndrome, and neuropathic pain. Clinical note dated 06/20/14 indicates the injured worker presented reporting doing very well and working full time without restrictions. The injured worker reported losing weight and rarely experiencing low back pain and minimal left shoulder pain easily controlled with Traumeel. The injured worker rated pain at 1/10 and 3 /10 without medications. There were no specific physical examination findings provided for review. Treatment plan included continuation of Traumeel 1-2 times daily, Flexeril/Flurbiprofen ointment to the affected areas up to 3 times a day, and follow-up on a as needed (PRN) basis. The initial request for topical compound Fluriflex ointment was initially non-certified on 07/15/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of topical compound Fluriflex ointment: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: As noted on page 111 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Further, CA MTUS, Food and Drug Administration, and Official Disability Guidelines require that all components of a compounded topical medication be approved for transdermal use. This compound contains flurbiprofen and cyclobenzaprine which have not been approved for transdermal use. In addition, there is no evidence within the medical records submitted that substantiates the necessity of a transdermal versus oral route of administration. Therefore 1 Prescription of topical compound Fluriflex ointment cannot be recommended as medically necessary as it does not meet established and accepted medical guidelines.