

Case Number:	CM14-0154122		
Date Assigned:	10/07/2014	Date of Injury:	08/30/2002
Decision Date:	11/14/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/22/2014

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 Interventional Spine 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:

The patient is a 58 year old male with an injury date of 08/30/02. The 04/03/14 report by [REDACTED] states that the patient presents with increased lower back symptomatology with constant numbness and tingling to the lower extremities. Pain is rated 6/10. He also presents with aching neck pain rated 5/10 and left arm pain along with aching bilateral knee pain rated 4/10. Examination shows tenderness of the paracervical musculature and mild tenderness bilaterally in the trapezii. There is tenderness in the paraspinous musculature of the lumbar region. The patient's diagnoses include: Left knee medial meniscectomy -03/03/07 Right knee tendonitis Left knee internal derangement Plantar fasciitis Left Sciatica The utilization review being challenged is dated 08/28/14. Reports were provided from 02/27/13 to 08/11/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluri-Flex 15/10% 240 gm cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines regarding topical creams Page(s): 111.

Decision rationale: The patient presents with lower back pain radiating to the lower extremities along with neck, left arm and bilateral knee pain rated 4-6/10. The treating physician requests for Fluri-Flex 15/10% 240 gm cream. The MTUS has the following regarding topical creams (p111, chronic pain section): "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In this case, this medication is a compounded Cyclobenzaprine cream. Cyclobenzaprine is not supported for topical formulation. The request is not medically necessary.