

Case Number:	CM14-0036374		
Date Assigned:	06/25/2014	Date of Injury:	04/17/2009
Decision Date:	07/22/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/25/2014

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, 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 injured worker is a 43-year-old male who reported an injury on 04/17/2009. The diagnoses include cervical and lumbar spine musculoligamentous injury and left knee subchondral cyst. Previous treatments were not provided in the clinical documentation. Within the clinical note dated 03/11/2014, it was reported the injured worker complained of lumbar spine pain which he described as constant, sharp with numbness. The injured worker complained of left knee pain which he described as constant and sharp with numbness. Upon physical examination the provider noted tenderness to palpation with spasms and positive reflexes with sensation of the lumbar spine and knee. The clinical documentation submitted was largely illegible. The provider requested topical compound Flurbi and gabacycloflurbitram; however, rationale was not provided with the clinical review. The Request for Authorization was not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical compound: Flurbi (3B FAVT) cream- 180 grams: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: The request for topical compound Flurbi (3B FAVT) cream 180 grams is non-certified. The injured worker complained of lumbar spine and knee pain described as sharp and with numbness which radiated. The California MTUS Guidelines note that flurbiprofen is a topical NSAID recommended for osteoarthritis and tendonitis, in particular that of the knee and elbow and other joints. The guidelines note that topical NSAIDs are recommended for short term use from 4 to 12 weeks. There is little evidence to utilize topical NSAIDs for the treatment of osteoarthritis of the spine, hip, or shoulder. There was a lack of objective findings indicating the injured worker is diagnosed with osteoarthritis or tendonitis. The request as submitted failed to provide a treatment site. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request as submitted failed to provide the frequency of the medication. In addition, the injured worker had been utilizing the medication since at least 04/2013 which exceeds the guidelines recommendations of short term use of 4 to 12 weeks. Therefore, the request for topical compound Flurbi (3B FAVT) cream 180 grams is non-certified.

Topical compound: GabaCycloFlurbiTram 180grams: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The request for topical compound gabacycloflurbitram 180 grams is non-certified. The injured worker complained of lumbar spine and knee pain described as sharp and with numbness which radiated. The California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines note that any compounded product that contains 1 drug or drug class that is not recommended is not recommended. The guidelines note that gabapentin is not recommended, and there is no peer reviewed literature to support the use. There is no evidence for use of any other muscle relaxants as topical products. The guidelines note cyclobenzaprine is recommended for a short course of therapy. There is limited mixed evidence that does not allow for a recommendation for chronic use. cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants. Tramadol is a synthetic opioid affecting the central nervous system. Tramadol is not classified as a controlled substance by the DEA. Tramadol is indicated for moderate to severe pain. There is a lack of documentation indicating the injured worker to have signs or symptoms or to be diagnosed with osteoarthritis. There is a lack of documentation indicating the injured worker is diagnosed with neuropathic pain. Additionally, the injured worker had been utilizing the medication for an extended period of time since at least 04/2013, which exceeds the guideline recommendations for short term use. The request submitted failed to provide the treatment site. In addition, the request

submitted failed to provide the frequency of the medication. Therefore, the request for topical compound gabacycloflurbitram 180 grams is non-certified.