

Case Number:	CM14-0038121		
Date Assigned:	06/25/2014	Date of Injury:	10/04/2010
Decision Date:	08/18/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	04/01/2014

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 Anesthesiology, has a subspecialty in Pain Medicine 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 57 year old male injured on 10/04/10 due to an undisclosed mechanism of injury. Current diagnoses include status-post lumbar spine surgery in 2011, lumbar spine spondylosis, right hip osteoarthritis/degenerative joint disease rule out internal derangement, right knee osteoarthritis/degenerative joint disease, abdominal pain, anxiety/depression, gastroesophageal reflux disease, internal hemorrhoids, and sexual dysfunction. Clinical note dated 11/18/13 indicates the injured worker presented with complaints of low back pain rated at 8/10, right hip pain accompanied with swelling and audible clicking rated at 8/10, and right knee pain rated at 8/10. The injured worker also complained of acid reflux, gastrointestinal upset. Physical examination revealed tenderness and spasms of the lumbar paraspinal musculature bilaterally, range of motion of the lumbar spine limited in all planes, Valsalva maneuver and Kemp's test are positive bilaterally, straight leg raising test in supine position positive to the right, right hip audible clicking noted upon range of motion, Patrick's and Yeoman's are positive to the right. The request for gym membership, refill topical creams, referral to urologist and magnetic resonance image of the right hip submitted. The initial request for compound Flurflex (Flurbiprofen 10% - Cyclobenzaprine 10%) 180gm jar was initially non-certified on 03/10/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound: Flurflex (Flurbiprofen 10% Cyclobenzaprine 10%) 180gm Jar: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, page(s) 111 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. There is no indication in the documentation that these types of medications have been trialed and/or failed. Further, CAMTUS, Food and Drug Administration, and Official Disability Guidelines require that all components of a compounded topical medication be approved for transdermal use. Both Flurflex and cyclobenzaprine have not been approved for transdermal use. Therefore Compound: Flurflex (Flurbiprofen 10% Cyclobenzaprine 10%) 180gm Jar cannot be recommended as medically necessary as it does not meet established and accepted medical guidelines.