

Case Number:	CM14-0038212		
Date Assigned:	06/25/2014	Date of Injury:	02/11/2010
Decision Date:	08/18/2014	UR Denial Date:	03/19/2014
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 Occupational 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:

This is a 55-year-old male with a 2/11/10 date of injury. The mechanism of injury was when he was pulling a dolly loaded with boxes, as he was walking backwards pulling the dolly, he accidentally tripped and fell backwards onto his back with the dolly falling on top of him. He felt an immediate onset of pain in his neck and back. According to a 9/6/13 report, the patient stated that his pain comes and goes and is moderate. Pain occurs in the middle of the back at the waist, the middle of the bilateral sacroiliac region, middle of the bilateral lumbar region and tailbone. Pain is increased with repetitive lifting, walking, standing, sitting, bending, and activities of daily living. Pain is relieved by taking medications. Objective findings: tenderness to palpation of the cervical spine, thoracic spine, and the lumbosacral spine, muscle spasms present in the bilateral upper thoracic region and bilateral mid-thoracic region, palpable spasm of the bilateral paraspinal muscles. Diagnostic impression include: cervical musculoligamentous strain/sprain, cervical spine disc protrusion, thoracic musculoligamentous sprain/strain, thoracic spine myofascial pain syndrome, lumbosacral musculoligamentous strain/sprain, lumbar spine myofascial pain syndrome, lumbar spine disc protrusion. Treatment to date includes: medication management, activity modification. A UR decision dated 3/19/14 denied the requests for Fluriflex and Medrox patches. Regarding Fluriflex, there was no documentation of any subjective improvements or of any measure of objective functional improvements. As a result, medical necessity was not established for this medication to be continued. Regarding Medrox, the use of a 0.0375% formulation of capsaicin is considered to be experimental and certification cannot be granted for experimental treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluriflex 180gm #1: 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 9792.24.2 page(s) 111-113 Page(s): 111-113.

Decision rationale: An online search has revealed that Fluriflex ointment/cream is a combination of Flurbiprofen/Cyclobenzaprine 15/10%. CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. This compound contains topical Cyclobenzaprine and Flurbiprofen, which are not currently supported by MTUS and ODG guidelines. Therefore, the request for Fluriflex 180 gm #1 is not medically necessary.

Medrox patch #60: 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 9792.24.2 page(s) 111-113 Page(s): 111-113.

Decision rationale: Regarding Medrox patches, a search of online resources identified Medrox Patches to contain 0.0375% Capsaicin, 5% Menthol, and 5% Methyl Salicylate. CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. CA MTUS Chronic Pain Medical Treatment Guidelines does not accept Capsaicin at a concentration greater than 0.025%. There is no clear rationale for using this medication as opposed to supported alternatives. Therefore, the request for Medrox patch #60 is not medically necessary.