

Case Number:	CM14-0039001		
Date Assigned:	06/27/2014	Date of Injury:	06/19/2004
Decision Date:	12/16/2014	UR Denial Date:	02/24/2014
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 Physical Medicine & Rehabilitation, 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:

This is a patient with a date of injury of 6/19/14. A utilization review determination dated 2/24/14 recommended non-certification for the requested FlurFlex 180mg stating that this is not an FDA approved topical NSAID and that Diclofenac is the only approved FDA approved topical NSAID. A progress report dated 1/7/2014 indicates the patient has complaints of neck pain rated at a 7/10 with numbness and tingling in the bilateral upper extremities as well as low back pain rated at a 3/10 with numbness and tingling to the lower extremity. The patient is currently taking Flexeril, Nabumetone and Tramadol, had an MRI of the cervical and lumbar spine 3 years ago, and has had a total of 3 steroid injections. Objective findings indicate the patient has tenderness and spasm to the cervical paraspinal musculature. Pain with range of motion in all planes and spasms produced with left rotation and left lateral flexion. The patient also has tenderness and spasm to the lumbar paraspinal musculature and all active lumbar range of motion produces pain. Straight leg raises were negative. Diagnoses are Cervical disc syndrome, Lumbar disc syndrome, Bilateral upper and lower extremity radiculitis and Headache. Treatment plan includes refilling Relafen, Flexeril, and Tramadol ER as well as TGHOT and FlurFlex topicals. They are awaiting referral authorization for consultation with a spine Neurosurgeon.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound: Flurflex 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112 of 127.

Decision rationale: Regarding the request for topical flurbiprofen, guidelines state that topical NSAIDs are recommended for short-term use. Oral NSAIDs contain significantly more guideline support, provided there are no contraindications to the use of oral NSAIDs. Within the documentation available for review, there's no indication that the patient has obtained any specific analgesic effect (in terms of percent reduction in pain, or reduced NRS) or specific objective functional improvement from the use of topical flurbiprofen. Additionally, there is no documentation that the patient would be unable to tolerate oral NSAIDs, which would be preferred, or that the topical flurbiprofen is for short term use, as recommended by guidelines. In the absence of clarity regarding those issues, the currently requested topical flurbiprofen is not medically necessary.