

Case Number:	CM14-0039445		
Date Assigned:	06/27/2014	Date of Injury:	03/25/1996
Decision Date:	08/19/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	04/03/2014

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 Texas & Oklahoma. 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 52-year-old female who reported an injury on 03/25/1996. The mechanism of injury was not provided. On 12/23/2013, the injured worker presented with right shoulder and right elbow pain. Upon examination, there was tenderness noted to the right shoulder with decreased range of motion. The right triceps tendons were tender to the vicinity of the insertion point and there was a scar noted above the right elbow and right carpal tunnel. There was decreased strength with right upper extremity elbow extension. Therapy included a carpal tunnel release and right ulnar nerve transposition. The diagnoses were not listed. The provider recommended TheraFlex cream. The provider's rationale is not provided. The request for authorization form was dated 02/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Theraflex cream (Flurbiprofen/Cyclobenzaprine/Menthol 20%/10% 120mg - apply thin layer 2-3 times a day w/ one refill for the right wrist, elbow and hand): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The request for Theraflex cream (Flurbiprofen/Cyclobenzaprine/Menthol 20%/10% 120mg - apply thin layer 2-3 times a day w/ one refill for the right wrist, elbow and hand is not medically necessary. The California MTUS Guidelines indicate topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Topical NSAIDs have been shown to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, diminishing effect over another 2 week period. Flurbiprofen is classified as a non-steroidal anti-inflammatory agent. This agent is not currently FDA approved for topical application. Approved forms of tramadol are for consumption and it is not recommended as a first line therapy. California MTUS Guidelines do not recommend the use of topical cyclobenzaprine as a topical muscle relaxant as there is no evidence for use of any other muscle relaxants as a topical product. The addition of cyclobenzaprine to other agents is not recommended. As such, the request is not medically necessary.