

Case Number:	CM14-0040066		
Date Assigned:	06/27/2014	Date of Injury:	10/24/2007
Decision Date:	08/15/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/04/2014

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, has 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 63-year-old male with a 10/24/2007 date of injury. The mechanism of the injury was not described. The patient was seen on 10/10/2013 with complaints of persistent low back and bilateral feet pain. Exam findings revealed tenderness to palpation and limited range of motion in the cervical spine. The cervical foraminal compression test was positive. Examination of the lumbar spine revealed pain at L4-S1 and decreased range of motion. Straight leg raise test was negative bilaterally and gait was normal. The diagnosis is cervical and lumbar sprain, bilateral lower extremities radiculopathy. Treatment to date: medication, acupuncture, physical therapy and exercises. An adverse determination was received on 03/28/2014 given that the documented clinical findings did not support the medical necessity for the indicated treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluriflex-Flurbiprofen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Page(s): 43, 77-78, 111-113.

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

Decision rationale: An online search has revealed that FluriFlex ointment/cream is a combination of Flurbiprofen/Cyclobenzaprine 15/10%. The California 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-Flurbiprofen is not medically necessary.