

Case Number:	CM14-0046825		
Date Assigned:	07/02/2014	Date of Injury:	01/04/2012
Decision Date:	08/28/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	04/14/2014

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 and Rehabilitation 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 65-year-old male who reported injury on 01/04/2012. The mechanism of injury was the injured worker lifted a large monitor and placed it into a box, and turned to his right. The injured worker felt a sharp pain in his low back extending to his right leg. The prior treatments included extra corporal shockwave therapy and physical therapy. Prior surgeries included right hip surgery. The injured worker had an MRI of the lumbar spine. The injured worker underwent an Electromyography and Nerve Conduction Velocity (EMG/NCV). The documentation of 02/13/2014 revealed the injured worker had headaches and moderate pain in the low back and bilateral hips with no improvement. The injured worker had tenderness to palpation with palpable spasm over the paraspinal muscles. The documentation indicated the injured worker was utilizing topical medications and oxycodone. The diagnoses included status post blunt head injury without loss of consciousness, facial contusions, status post laceration of lips, lumbar spine sprain and strain with radiculitis, lumbar spine discogenic disease per patient history, left hip sprain, right hip sprain and strain, and osteoarthritis aggravated by injury. Additionally, the diagnoses included status post right hip total replacement, weight loss due to appetite loss, constipation, depression, and insomnia. The treatment plan included a home exercise program and FluriFlex 180 grams, TGHOT 180 grams and OxyContin 30 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective usage of FluriFlex: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flurbiprofen, page 72, Topical analgesics page 111, Cyclobenzaprine page 41 Page(s): 72, 111, 41.

Decision rationale: The California MTUS guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. This agent is not currently FDA approved for a topical application. FDA approved routes of administration for Flurbiprofen include oral tablets and ophthalmologic solution. The National Institute of Health (NLM-NIH) database demonstrated no high quality human studies evaluating the safety and efficacy of this medication through dermal patches or topical administration. The guidelines do not recommend the topical use of Cyclobenzaprine as a topical muscle relaxant as there is no evidence for use of any other muscle relaxant as a topical product. The addition of cyclobenzaprine to other agents is not recommended. The clinical documentation submitted for review failed to provide documentation of objective functional benefit. There was a lack of documentation indicating the injured worker had neuropathic pain and that trials of antidepressants and anticonvulsants had failed. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. The request as submitted failed to indicate the frequency, quantity, and strength for the requested medication. The duration of use could not be established through supplied documentation. Given the above, the request for prospective usage of FluriFlex is not medically necessary.