

Case Number:	CM14-0050112		
Date Assigned:	07/07/2014	Date of Injury:	09/28/2012
Decision Date:	12/30/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/17/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 patient is a 47-year-old male who has submitted a claim for lumbosacral spine strain with disc herniation at L5-S1 associated with an industrial injury date of 9/28/2012. Medical records from 2014 were reviewed. The patient complained of low back pain radiating to the right lower extremity associated with weakness, numbness and tingling sensation. Examination of the thoracolumbar spine revealed tenderness, forward flexion to 60 degrees with the fingertips failing to touch the toes by 20 cm, and positive straight leg raise test at 60 degrees on the right. Treatment to date has included physical therapy, NSAIDs since 2013, and topical creams. The utilization review from 4/4/2014 denied the request for Flurbitac 100/100 mg #60 because long-term use was not recommended; and denied Theraflex 120 mg and Keratek gel 4 oz bottle because of limited published studies concerning its efficacy and safety.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbitac 100/100 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flurbiprofen Page(s): 72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 46.

Decision rationale: As stated on page 46 of the California MTUS Chronic Pain Medical Treatment guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and that there is no evidence of long-term effectiveness for pain or function. In this case, the patient has been on oral NSAIDs since 2013. However, there is no documentation concerning pain relief and functional improvement derived from its use. Long-term use is likewise not recommended. Therefore, the request for Flurbitac 100/100 mg #60 is not medically necessary.

Theraflex 120mg: 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 Topical Analgesics Page(s): 111-113.

Decision rationale: As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. Theraflex cream contains Flurbiprofen and Cyclobenzaprine. Compounded Flurbiprofen and NSAIDs in general do not show consistent efficacy and are not FDA approved. Cyclobenzaprine is a skeletal muscle relaxant and there is no evidence for use of any muscle relaxant as a topical product. In this case, topical cream is prescribed as adjuvant therapy to oral medications. However, the prescribed medication contains Flurbiprofen and Cyclobenzaprine which are not recommended for topical use. Guidelines state that any compounded product that contains a drug class, which is not recommended, is not recommended. Therefore, the request for Theraflex 120mg is not medically necessary.

Keratek gel 4 oz bottle: 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 Salicylate; Topical Analgesics Page(s): 105; 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Topical Salicylates

Decision rationale: An online search indicates that Keratek contains Menthol and Methyl Salicylate. Regarding the Menthol component, the California MTUS does not cite specific provisions, but the Official Disability Guidelines Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain Menthol, Methyl Salicylate, or Capsaicin, may in rare instances cause serious burns. Page 105 of the California MTUS Chronic Pain Medical Treatment Guidelines states that topical salicylates (e.g., Ben-Gay, Aspercream, Methyl Salicylate) are significantly better than a placebo in chronic pain. These products are generally used to relieve minor aches and pains. With regard to brand name topical

salicylates, these products have the same formulation as over-the-counter products such as BenGay. It has not been established that there is any necessity for a specific brand name topical salicylate compared to an over the counter formulation. Therefore, the request for Keratek gel - 4 oz is not medically necessary.