

Case Number:	CM14-0054534		
Date Assigned:	07/07/2014	Date of Injury:	03/14/2003
Decision Date:	09/09/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/23/2014

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 Interventional Spine 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 patient presents with lower back pain radiating to lower extremities and is status, post(s/p) lumbar surgery of unspecified date. The provider has asked for Fluriflex Topical Cream on 2/3/14, which is a compounded cream with Fluribprofen 15% and Cyclobenzaprine 10%. Regarding Topical Analgesics the MTUS states they are largely experimental in use with few randomized controlled trials to determine efficacy or safety, and recommends for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guideline states "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The guideline does not recommend any muscle relaxant for topical use. As Topical Cyclobenzaprine is not indicated, the entire compound would also not be indicated. Therefore Flurfex Topical Cream is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurfex Topical Cream: Upheld

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

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

Decision rationale: This patient presents with lower back pain radiating to lower extremities and is status, post(s/p) lumbar surgery of unspecified date. The provider has asked for Fluriflex Topical Cream on 2/3/14, which is a compounded cream with Fluribprofen 15% and Cyclobenzaprine 10%. Regarding Topical Analgesics the MTUS states they are largely experimental in use with few randomized controlled trials to determine efficacy or safety, and recommends for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guideline states "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The guideline does not recommend any muscle relaxant for topical use. As Topical Cyclobenzaprine is not indicated, the entire compound would also not be indicated. Therefore Flurfex Topical Cream is not medically necessary.