

<b>Case Number:</b>	CM14-0056088		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	04/20/2011
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	04/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/25/2014

### 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 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 55-year-old female with a 4/20/11 date of injury. The mechanism of injury occurred when she was lifting something and injured her musculoskeletal system. According to a progress report dated 4/2/14, the patient complained of neck pain with radiation to the right arm with numbness, tingling, and weakness of the arm; low back pain with radiation to the right leg with numbness and tingling of the leg; and bilateral foot and ankle pain. Objective findings: tenderness along trapezius bilaterally, antalgic gait, pain upon palpation of medial joint lines of both knees, pain on arisal and tenderness about the lumbar spine, tenderness about the medial and lateral aspects of both ankles. Diagnostic impression: disc herniations at the C5-6 and L5-S1 levels, bilateral knee medial meniscus tears, and bilateral ankle instability. Treatment to date: medication management, activity modification. A UR decision dated 4/15/14 denied the request for Flurbitec, Theraflex cream, and Keratek gel. Regarding Flurbitec, there is no evidence this claimant is at a significantly increased risk for GI upset or bleed. Regarding Theraflex cream and Keratek gel, topical medications have not been adequately proven with regards to overall efficacy and safety.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbitec 100/100mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113; 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

**Decision rationale:** CA MTUS states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. In addition, ODG states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. However, it is unclear why a combination drug would be required as opposed to the FDA-approved individual medications. There is no documentation that the patient has had a trial of a first-line NSAID. In addition, there is no documentation of functional improvement from the use of Flurbitac. Therefore, the request for Flurbitac 100/100mg #60 is not medically necessary.

**Theraflex cream 120gm:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter:Herbal Medicines.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that there is little to no research to support the use of NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, -agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor in topical compound formulations. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. ODG states that herbal therapies, such as devil's claw, willow bark, and capsicum, seem to be safe options for acute exacerbations of chronic low back pain, but benefits range from small to moderate. However, the requesting physician failed to establish compelling circumstances identifying why the requested compound topical would be required despite adverse evidence. Therefore, the request for Theraflex cream 120 gm is not medically necessary.

**Keratek gel 4 oz. bottle:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105, 111-113.

**Decision rationale:** CA MTUS states that topical salicylates are significantly better than placebo in chronic pain. Keratek is a topical gel containing Menthol 16% and Methyl Salicylate 28%. It is indicated to temporarily relieve minor aches and pains of muscles and joints associated with single backache, arthritis, strains, bruises and sprains. Guidelines support the use of topical salicylates for the treatment of chronic pain. Therefore, the request for Keratek gel 4 oz. bottle is medically necessary.