

Case Number:	CM14-0069545		
Date Assigned:	07/14/2014	Date of Injury:	08/07/2008
Decision Date:	09/15/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/14/2014

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 Occupational Medicine, 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 patient is a 43-year-old female who has submitted a claim for pain to lumbar spine and left shoulder associated with an industrial injury date of 03/07/2008. Medical records from 2014 were reviewed and showed that patient complained of low back pain rated at 6-8 out of 10. Pain is aggravated by sitting or standing. Patient also complains of mild pain in her left shoulder rated at 2-3 out of 10. Treatment to date has included oral medications and chiropractic therapy. Utilization review dated 05/01/2014 denied the requests for Fluriflex cream 180gm to be applied to affected area twice daily and Aquatic Therapy 2 times a week for 4 weeks #8 however specific reasons for denial were not included in the medical records submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluriflex cream 180gm to be applied to affected area twice daily: 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 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. Fluriflex cream contains 2 active ingredients; Flurbiprofen and Cyclobenzaprine. Regarding Flurbiprofen, CA MTUS supports a limited list of NSAID topical which does not include Flurbiprofen. Guidelines state that topical NSAIDs are not recommended for neuropathic pain as there is no evidence to support use. Regarding Cyclobenzaprine, guidelines state that there is no evidence to support the use of cyclobenzaprine as a topical compound. In this case, the patient has been prescribed Tramadol and Ibuprofen for pain and no evidence is documented to indicate use for a topical analgesic. Moreover, the requested compounded cream contains Flurbiprofen and cyclobenzaprine which are not recommended by the guidelines for topical use. The guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the request for Fluriflex (Flurbiprofen/Cyclobenzaprine 15,10%) cream 180gm twice daily is not medically necessary.

Aquatic Therapy 2 times a week for 4 weeks #8: 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 Aquatic Therapy Page(s): 22-23.

Decision rationale: As stated on pages 22-23 of the California MTUS Chronic Pain Medical Treatment Guidelines, aquatic therapy is recommended as an alternative to land-based physical therapy where reduced weight bearing is desirable such as extreme obesity or fractures of the lower extremity. In this case, there is no evidence of fractures of the lower extremity. However, the patient has been diagnosed with obesity; hence, guideline criterion is met. However, documentation does not show any attempt to do land-based physical therapy; hence, intolerance to an independent form of exercise cannot be established. Moreover, body part to be treated was not specified. Therefore, the request for Aquatic Therapy 2 times a week for 4 weeks #8 is not medically necessary.