

Case Number:	CM14-0076188		
Date Assigned:	09/05/2014	Date of Injury:	02/17/2012
Decision Date:	09/25/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/23/2014

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 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:

This 30 year-old male sustained an injury on 2/17/12 from a collision while employed by [REDACTED]. Request(s) under consideration include Topical Compound Theraflex cream (Flurbiprofen 20% Cyclobenzaprine 10% Menthol 4%) 180gm. Diagnoses include post concussion, facial fractures, cervical and thoracic spine sprain. The patient had suffered loss of consciousness in an explosion from a stunt, but was released and discharged after 4-5 days to a burn center with facial reconstructive surgery for facial fracture of inferior orbit and left zygomatic arch. Conservative care has included physical therapy, medications, interferential unit, laser therapy, chiropractic therapy, and modified activities/rest. MRI of the thoracic spine dated 12/12/13 was normal; MRI of lumbar spine showed disc desiccation/ protrusion and lateral recess narrowing without significant canal or foraminal stenosis. Orthopedic AME report of 12/11/13 noted patient has reached MMI with P&S status within 6 months from injury of 2012. Report of 4/10/14 from the provider noted patient with ongoing neck and back pain. Exam showed normal gait; tenderness in cervical and lumbar spine; decreased sensation of left C6, C7 and left L5, S1 distributions; motor weakness of 4/5 in left L5 and S1 muscle groups with mildly decreased range. Treatment included medications, lumbar MRI, physical therapy, along with multiple psychiatric, neurologic, and surgical consultations. The request(s) for Topical Compound Theraflex cream (Flurbiprofen 20% Cyclobenzaprine 10% Menthol 4%) 180gm was non-certified on 4/29/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Theraflex cream (Flurbiprofen 20% Cyclobenzaprine 10% Menthol 4%) 180gm: 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 Analgesics, Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) Page(s): 111-113.

Decision rationale: Per the MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient without contraindication in taking oral medications. There are no evidenced-based studies to indicate efficacy of topical Flurbiprofen or topical muscle relaxant Cyclobenzaprine over oral delivery. Submitted reports have not demonstrated any functional improvement, specific pain relief on VAS rating, and change in work status or increase in activities of daily living functions from treatment already rendered to treat this chronic injury of 2012. Submitted reports have not adequately documented the indication or medical need for this topical compounded analgesic outside guidelines recommendations. As such, the request is not medically necessary and appropriate.