

Case Number:	CM14-0094165		
Date Assigned:	07/25/2014	Date of Injury:	09/23/2013
Decision Date:	10/17/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	06/20/2014

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 Internal 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 55-year-old male with date of injury on 09/23/2013. It is considered a cumulative trauma over 9 months working as a dishwasher. The claimant has bilateral wrist, hand, and finger pain. The patient has been diagnosed with moderate to severe bilateral carpal tunnel syndrome and right finger tenosynovitis. The request is for FluriFlex topical cream (Fluribiprofen and cyclobenzaprine).

IMR ISSUES, DECISIONS AND RATIONALES

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

FluriFlex Cream 15/10% 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 71.

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

Decision rationale: MTUS guidelines state that one medication is trialed at a time and documentation of outcome, in terms of function and pain, is made. The compounded medication in question contains Flurbiprofen and cyclobenzaprine. Topical cyclobenzaprine is not recommended and no clinical studies or peer reviewed literature support the use of this as a topical agent. Any agent that is part of a compounded medication that is not recommended

essentially negates the entire compound, per MTUS guidelines. Furthermore, there is no documentation as to trials of any of the components of this compounded formulation as single agents, nor is there documentation as to failure and/or outcome in terms of pain scores and functionality, to other standard medications trialed. As such, the MTUS guidelines are not met and the compounded cream is not medically necessary.