

Case Number:	CM14-0095334		
Date Assigned:	07/25/2014	Date of Injury:	02/14/2014
Decision Date:	10/01/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	06/16/2014

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 Nevada. 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 records presented for review indicate that this 56-year-old gentleman was reportedly injured on February 14, 2014. The mechanism of injury is noted as a motor vehicle accident. The most recent progress note, dated May 6, 2014, indicates that there are ongoing complaints of neck pain, dizziness, and nausea. The physical examination demonstrated tenderness over the right infraorbital and maxillary region as well as the paracervical muscles. There was decreased cervical spine range of motion with spasms. Examination of the shoulders also revealed decreased range of motion with a positive impingement test, empty can test, and a right-sided positive apprehension test. Diagnostic imaging studies were not available. Previous treatment is unknown. A request had been made for topical Flurflex (Flurbiprofen/Cyclobenzaprine) and was not certified in the pre-authorization process on May 9, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

FlurFlex (flubiprofen 10%, cyclobezaprine 10%) 180gram jar.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113 of 127.

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines the only topical analgesic medications indicated for usage include anti-inflammatories, lidocaine, and capsaicin. There is no known efficacy of any other topical agents including cyclobenzaprine. Per the MTUS, when one component of a product is not necessary the entire product is not medically necessary. Considering this, the request for FlurFlex (Flubiprofen 10%, Cyclobezaprine 10%) 180gram jar is not medically necessary.