

Case Number:	CM14-0010287		
Date Assigned:	02/21/2014	Date of Injury:	05/22/2007
Decision Date:	01/05/2015	UR Denial Date:	01/12/2014
Priority:	Standard	Application Received:	01/24/2014

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:

According to the records made available for review, this is a 60-year-old male with a 5/22/07 date of injury. At the time (1/12/14) of the Decision for Theraflex cream 180g, there is documentation of subjective (low back pain and left knee pain) and objective (tenderness over the lumbar area and over the medial and lateral joint lines, 4/5 quadriceps strength, and decreased lumbar range of motion) findings, current diagnoses (chronic pain syndrome), and treatment to date (medications and physical therapy). Medical reports identify that Theraflex cream consists of Flurbiprofen, Cyclobenzaprine, and Menthol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Theraflex cream 180g: Upheld

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

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that any compounded medications containing ketoprofen, lidocaine (in creams, lotion or gels), capsaicin

in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of a diagnosis of chronic pain syndrome. However, Theraflex cream 180g contains at least one drug class (muscle relaxants (Cyclobenzaprine)) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Theraflex cream 180g is not medically necessary.