

Case Number:	CM14-0111386		
Date Assigned:	09/19/2014	Date of Injury:	01/17/2014
Decision Date:	01/08/2015	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/16/2014

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 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:

This is a 50-year-old female with a 1/17/14 date of injury. According to a progress report dated 6/10/14, the patient complained of persistent pain and numbness in the bilateral hands/wrists. She also complained of aching pain in the bilateral knees with tightness. She noted frequent pain with movement. She stated that she was getting chest palpitations and stomach upset with diclofenac and has tried ibuprofen in the past, which upset her stomach. She preferred to avoid oral medications. Objective findings: diffuse forearm tenderness without specific swelling, mild decrease in sensation in median hands/wrists distribution, bilateral knee tenderness and crepitus, slight weakness on bilateral knee extension secondary to mild pain. Diagnostic impression: bilateral knee chondromalacia and tendinosis, bilateral upper extremity overuse tendinopathy and likely carpal tunnel. Treatment to date: medication management, activity modification, acupuncture. A UR decision dated 7/3/14 denied the request for FluriFlex cream. Without documentation of failed trials of antidepressants and anticonvulsants and the cited guideline notes that there is no evidence for use of any other muscle relaxants as a topical product, the medical necessity of FluriFlex is not established.

IMR ISSUES, DECISIONS AND RATIONALES

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

FluriFlex (Flurbiprofen/Cyclobenzaprine 10/10%) Cream 240mg: 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 Page(s): 25, 28, 111-113.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, Boswellia Serrata Resin, and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. However, in the present case, guidelines do not support the use of flurbiprofen or cyclobenzaprine in a topical formulation. A specific rationale identifying why this topical compounded medication would be required in this patient despite lack of guideline support was not provided. Therefore, the request for FluriFlex (Flurbiprofen/Cyclobenzaprine 10/10%) Cream 240mg was not medically necessary.