

<b>Case Number:</b>	CM14-0181954		
<b>Date Assigned:</b>	11/25/2014	<b>Date of Injury:</b>	01/24/2010
<b>Decision Date:</b>	01/09/2015	<b>UR Denial Date:</b>	10/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2014

### 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 Acupuncture and Pain 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 56 year old female who suffered work related injuries from a fall from a step ladder on 1/24/2010. The injured worker has diagnoses of cervicgia, chronic pain syndrome, dysthymic disorder, lumbosacral neuritis, medical insomnia, myalgia and neuralgia. Treatment has included medications, chiropractic therapy, physical therapy, and injections. A progress report dated 09/08/2014 from her primary care physician documents the injured worker complains of pain in the right side of her neck, right shoulder and shoulder blade and low back radiating into her legs. She states that the hip pain has resolved since the Cortisone injections. Her pain with medication is 6/10 and without medication increases to 8/10. Pain appears to be neuropathic in origin. The request is for Fluriflex ointment (unknown quantity and dosing). The prospective request for Fluriflex ointment (unknown quantity and dosing) which is a combination of a non-steroidal anti-inflammatory and Cyclobenzaprine was not certified by Utilization Review on 10/08/2014. MTUS Chronic Pain Medical Treatment Guidelines-Topical Analgesics state there is "no evidence for use of any other muscle relaxant as a topical product." The guidelines clearly do not recommend topical muscle relaxant preparations for the management of chronic pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fluriflex Ointment (unknown quantity & dosing):** 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): 60, 111-112.

**Decision rationale:** Fluriflex contains Flurbiprofen and Cyclobenzaprine. Per MTUS with regard to Flurbiprofen, "These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety." Flurbiprofen may be indicated. Per MTUS CPMTG, "There is no evidence for use of any other muscle relaxant as a topical product." Cyclobenzaprine is not indicated. The MTUS Chronic Pain Medical Treatment Guidelines state that topical medications are "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. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Regarding the use of multiple medications, MTUS p60 states "Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. Therefore, it would be optimal to trial each medication individually. Topical Cyclobenzaprine is not indicated, the compound is not recommended. This request is not medically necessary.