

Case Number:	CM14-0189455		
Date Assigned:	11/20/2014	Date of Injury:	08/27/2013
Decision Date:	01/08/2015	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	11/12/2014

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:

The patient is a 58-year-old male who has submitted a claim for lumbar disc displacement without myelopathy and severe lumbar spinal stenosis associated with an industrial injury date of August 27, 2013. Medical records from 2014 were reviewed. The patient complained of lumbar pain rated 7/10 in severity. Physical examination of the lumbar spine showed tenderness, limited motion, and weakness. Treatment to date has included bilateral hemilaminotomy at L3 to L4 with medial facetectomy and foraminotomy, physical therapy, cyclobenzaprine, tramadol, Tylenol No. 3 with codeine, and topical cream. The utilization review from October 8, 2014 denied the request for flurbiprofen/cyclo/mentherm cream: Theraflex cream 180grams apply 1-2 grams 2-3 times a day or as directed because of no evidence that previous trials of antidepressants and anticonvulsants had been attempted and failed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/Cyclo/Mentherm Cream: Theraflex cream 180grams apply 1-2 grams 2-3 times a day or as directed: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate, Topical Analgesics Page(s): 105, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Topical Salicylates

Decision rationale: As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. Topical NSAIDs formulation is only supported for diclofenac in the California MTUS. In addition, there is little to no research as for the use of flurbiprofen in compounded products. Cyclobenzaprine is not recommended for use as a topical analgesic. Methoderm contains methyl salicylate and menthol. Regarding the Menthol component, CA MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, or methyl salicylate, may in rare instances cause serious burns. Regarding the Methyl Salicylate component, CA MTUS states on page 105 that salicylate topicals are significantly better than placebo in chronic pain. In this case, a topical cream is prescribed as adjuvant therapy to oral medications. However, the prescribed medication contains flurbiprofen and cyclobenzaprine which are not recommended for topical use. Guidelines state that any compounded product that contains a drug class, which is not recommended, is not recommended. Moreover, there is no evidence of intolerance to or failure of first-line therapy. Therefore, the request for flurbiprofen/cyclo/methoderm cream: Theraflex cream 180grams apply 1-2 grams 2-3 times a day or as directed is not medically necessary.