

<b>Case Number:</b>	CM14-0191934		
<b>Date Assigned:</b>	11/25/2014	<b>Date of Injury:</b>	03/08/2002
<b>Decision Date:</b>	01/23/2015	<b>UR Denial Date:</b>	10/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### 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 Rehabilitation, has a subspecialty in 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 patient with a date of injury of 3/8/02. A utilization review determination dated 10/16/14 recommends Denial of Fluriflex and serrapeptase. 9/22/14 medical report identifies pain in the back, right hip, and leg. Radicular pain has been worse at night. Pain is 5/10 with medication and 7-8/10 without. On exam, no abnormal findings are noted. Recommendations include UDS, Norco, fish oil, Sentra PM, and discontinue Theramine and Gabadone.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fluriflex ointment:** Upheld

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

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

**Decision rationale:** Regarding the request for Fluriflex, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Topical NSAIDs are indicated for "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs

for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." Muscle relaxants are not supported by the CA MTUS for topical use. Within the documentation available for review, none of the abovementioned criteria have been documented. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient. Given all of the above, the requested Fluriflex is not medically necessary.

**Serrapeptase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Other muscle relaxants.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.webmd.com/vitamins-supplements/ingredientmono-1115-serrapeptase.aspx?activeingredientid=1115&activeingredientname=serrapeptase>

**Decision rationale:** Regarding the request for serrapeptase, a search of the CA MTUS, ACOEM, ODG, National Library of Medicine, National Guideline Clearinghouse, and other online resources failed to reveal support for its use in the management of the cited injuries. In the absence of such documentation, the currently requested serrapeptase is not medically necessary.