MAXIMUS Federal Services

Case Number:	CM14-0209453		
Date Assigned:	12/22/2014	Date of Injury:	02/11/2014
Decision Date:	02/13/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	12/15/2014

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:

MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain after there has been evidence that a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica) has failed, as criteria necessary to support the medical necessity of a lidocaine patch. Within the medical information available for review, there is documentation of diagnoses of discogenic lumbar condition with disc disease and anterior right talofibular ligament injury. However, there is no documentation of neuropathic pain after there has been evidence that a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica) has failed. Therefore, based on guidelines and a review of the evidence, the request for Retro DOS 11/3/2014: Lidoderm patch 5% #60 is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluriflex cream 180grams: 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): 111-113.

Decision rationale: An online search identifies Fluriflex as compounded topical medication consisting of Flurbiprofen/Cyclobenzaprine 15/10%. MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that 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 diagnoses of cervical musculoligamentous strain/sprain with radiculitis, right shoulder strain/sprain, right elbow strain/sprain, and right knee sprain/strain. However, topical compound Fluriflex contains at least one drug class (muscle relaxant (Cyclobenzaprine)) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Fluriflex cream 180grams is not medically necessary.