

<b>Case Number:</b>	CM14-0111821		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	02/20/2013
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	07/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2014

### 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 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 63 year-old male patient with a 2/20/2013 date of injury. The mechanism of injury was when the patient slipped on a rock wall at work and fell. On a progress report dated 6/13/14 the patient complained of low back pain, bilateral knee pain more on the left side, pain in the left shoulder, and neck pain. Physical findings revealed the cervical spine has muscle spasms and tenderness mainly on the left side. There was tenderness over the superior border of the trapezius muscle on the left side. The diagnostic impression is axial neck pain, cervical discogenic disease, degenerative joint disease of the right knee, right knee patellar degenerative deformity/sprain, and extensive posterior synovitis and capsulitis, lumbar sprain/strain, MRI finding of facet hypertrophy L3-4, L4-5, and L5-S1. Axial lower back pain possibly due to facet arthropathy. Treatment to date: Surgery, diagnostics, and medication management. A UR decision dated 7/14/2014 denied the request for FluriFlex/TG Ice. The rationale for denial of the request was that the compounded medication contained Flexeril, a muscle relaxant agent.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fluriflex/TG Ice:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs/Analgesics Page(s): 111, 113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 25, 28, 111-113.

**Decision rationale:** 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. MTUS guidelines state that topical analgesics are largely experimental with few randomized controlled trials to determine efficacy and safety. Guidelines further state that topical analgesics are primarily used for neuropathic pain after trials of first-line oral antidepressants and anticonvulsants have failed. However, it is documented that this patient is using Cymbalta, a SNRI agent for pain along with a narcotic analgesic. Therefore, the request for Fluriflex/TG Ice is not medically necessary.