

<b>Case Number:</b>	CM14-0092916		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	06/20/2012
<b>Decision Date:</b>	09/03/2014	<b>UR Denial Date:</b>	05/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2014

### 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 and is licensed to practice in Nevada. 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 injured worker is a 52-year-old female was reportedly injured on June 20, 2012. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated April 25, 2014, indicated that there were ongoing complaints of back and lower extremity pains. The physical examination demonstrated a 5'1", 192 pound individual in no acute distress. There was a decreased lumbar spine range of motion noted. There was also tenderness to palpation. A positive Kemp's sign was noted bilaterally. Additionally, there was decreased strength and decreased sensation in the L4, L5 and S1 dermatomes. Deep tendon reflexes were noted to be 1+ and equal bilaterally. A full range of motion of the elbow was noted with decreased strength. Diagnostic imaging studies objectified were not reviewed. Previous treatment included surgical intervention, multiple medications, physical therapy, and pain management interventions. A request was made for topical preparations and was not certified in the pre-authorization process on May 15, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound of Flurbiprofen/Cyclobenzaprine/Menthol Cream (20%/10%/4%) 180 gm:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112 of 127.

**Decision rationale:** California Medical Treatment Utilization Schedule Chronic Pain Guidelines state that topical analgesics are "largely experimental," and "any compound product that contains at least one drug (or drug class), that is not recommended, is not recommended". The guidelines note there is little evidence to support the use of topical non-steroidal anti-inflammatory drugs (flurbiprofen) for treatment of osteoarthritis of the spine, hip or shoulder and there is no evidence to support the use for neuropathic pain. Additionally, the guidelines state there is no evidence to support the use of topical cyclobenzaprine (a muscle relaxant). The guidelines do not support the use of flurbiprofen or cyclobenzaprine in a topical formulation. Therefore, the request for FluriFlex is not medically necessary.