

Case Number:	CM13-0061427		
Date Assigned:	12/30/2013	Date of Injury:	03/29/2013
Decision Date:	03/13/2015	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	12/03/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 37-year-old male who reported an injury on 03/29/2013. The mechanism of injury was not provided. The surgeries were not provided. The diagnostic studies included an MRI of the lumbar spine. The prior therapies included physical therapy and chiropractic care for the lumbar spine and ankle. The documentation of 07/24/2013 revealed the injured worker was prescribed the medication Flurflex which includes flurbiprofen 15% and cyclobenzaprine 10% and was prescribed TG Hot. There was no Request for Authorization submitted for review for the medication. The documentation of 10/16/2013 revealed the injured worker had complaints of intermittent moderate pain that was burning. The pain was aggravated by prolonged sitting and standing. The pain was in the lumbar spine. The injured worker had radiating pain from the upper back and at the bilateral hips. The injured worker had left ankle and foot pain that was moderate to severe. There were noted to be muscle spasms and tenderness in the left piriformis muscle; bilateral lumbar paraspinal muscles from L3 to S1 and the multifidus. Kemp's test was positive bilaterally. The Yeoman's test was positive bilaterally. The diagnoses included lumbar disc displacement without myelopathy, lesion of the sciatic nerve, tendinitis, bursitis, capsulitis of the left foot, and left ankle sprain and strain. The treatment plan included tramadol 50 mg, TG Hot which includes tramadol, gabapentin, menthol, camphor, and capsaicin, and Tylenol No. 4.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLURFLEX (FLURBIPROFEN 15%,CYCLOBENZAPRINE 10% 2X DAILY 180 GM):
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111, 112, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flurbiprofen, Topical analgesics, Cyclobenzaprine Page(s): 72, 111, 41.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. This agent is not currently FDA approved for a topical application. FDA approved routes of administration for Flurbiprofen include oral tablets and ophthalmologic solution. A search of the National Library of Medicine - National Institute of Health (NLM-NIH) database demonstrated no high quality human studies evaluating the safety and efficacy of this medication through dermal patches or topical administration. The guidelines do not recommend the topical use of cyclobenzaprine as a topical muscle relaxants as there is no evidence for use of any other muscle relaxant as a topical product. The addition of cyclobenzaprine to other agents is not recommended. The clinical documentation submitted for review failed to provide documentation the injured worker had a trial and failure of antidepressants and anticonvulsants. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. There was a lack of documentation indicating necessity for 2 topical products which include cyclobenzaprine. Additionally, the request as submitted failed to indicate the body part to be treated with the Flurflex. Given the above, the request for Flurflex (flurbiprofen 15%, cyclobenzaprine 10% 2x daily 180 grams) is not medically necessary.