

Case Number:	CM14-0048330		
Date Assigned:	07/02/2014	Date of Injury:	03/07/2012
Decision Date:	02/17/2015	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/16/2014

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 Family Practice 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:

41 yr. old female claimant sustained a work injury on 3/15/13 involving the right shulder and elbow. She had undergone susrgery for the elbow and shoulder including acromioplasty, bursectomy, partial manipulation, right Mumfor procedure, epicondylectomy and was diagnosed with complex regional pain syndrome. She had undergone right stellate ganglion block. The claimant had persistent tenderness in the cervical spine , shoulders and arms with impingement findings. A recent request was noted for the use of topical Flurflex for pain control.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound: FlurFlex (Flurbiprofen 10%, Cyclobenzaprine 10%) 180GM: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. There are largely experimental in use with few randomized controlled trials to determine efficacy or safety. 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 muscle relaxants are not recommended to in sufficient evidence to support their use. Furthermore, clinical information indicating reason and response to use Flurflex. Since Flurflex contains Cyclobenzaprine, it is not medically necessary.