

Case Number:	CM15-0114795		
Date Assigned:	06/23/2015	Date of Injury:	03/17/2014
Decision Date:	07/23/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/15/2015

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: New York

Certification(s)/Specialty: Pediatrics, Internal Medicine

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 42 year old male, who sustained an industrial injury on March 17, 2014. The mechanism of injury was a slip and fall. The injured worker has been treated for low back pain with radiation to the right lower extremity. The diagnoses have included lumbago, pain in the foot/leg/arm and finger, long-term current use of medications, chronic pain syndrome, lumbar spondylosis, lumbar radiculitis and lumbar disc protrusion. Treatment to date has included medications, radiological studies, MRI, injections, home exercise program and physical therapy. Current documentation dated May 13, 2015 notes that the injured worker had low back pain that was ongoing and increased with activity. The injured worker was noted to be working and reported having more pain. Examination of the spine revealed tenderness to palpation over the lumbar paraspinal areas, right trochanteric bursa and paralumbar areas. Range of motion was noted to be decreased and painful. A straight leg raise test was negative. Strength and tone were noted to be normal. No lower extremity weakness was noted. The treating physician's plan of care included requests for Flurflex 10/10% 30 gm, start on 5/13/15 end on 6/11/15, quantity 1, Flurflex 10/10% 30 gm, sample dispensed 5/13/15, quantity 1, Flurflex 10/10% 240 gm, to be mailed to the injured worker from the compound pharmacy and Naproxen Sodium 550 mg quantity 120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurflex 10/10% 30 gm, start on 5/13/15 end on 6/11/15, Qty 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111, 112, 113.

Decision rationale: In regards to Flurflex 10/10% (Flurbuprofen/Cyclobenzaprine) MTUS Chronic Pain Medical Treatment Guidelines on Topical Analgesics states that topical analgesics are primarily recommended for localized neuropathic pain after there is evidence of a trial of first line therapy, such as tri-cyclic anti-depressants and anti-epileptic medications. MTUS guidelines recommend topical non-steroidal anti-inflammatory drugs for osteoarthritis and tendonitis of the knee, elbow and other joints amendable to topical non-steroidal anti-inflammatory drugs. It is recommended for short-term use of 4 to 12 weeks. MTUS also states that any compounded product with at least one drug which is not recommended is not recommended. The MTUS states that there is no evidence for use of muscle relaxants as a topical product. Additionally, flurbiprofen is not FDA approved for topical use. In this case the injured workers injuries are low back related and the medication requested is a compounded medication which includes Cyclobenzaprine. The request for Flurflex is not medically necessary.

Flurflex 10/10% 30 gm, sample dispensed 5/13/15, Qty 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111, 112, 113.

Decision rationale: In regards to Flurflex 10/10% (Flurbuprofen/Cyclobenzaprine) MTUS Chronic Pain Medical Treatment Guidelines on Topical Analgesics states that topical analgesics are primarily recommended for localized neuropathic pain after there is evidence of a trial of first line therapy, such as tri-cyclic anti-depressants and anti-epileptic medications. MTUS guidelines recommend topical non-steroidal anti-inflammatory drugs for osteoarthritis and tendonitis of the knee, elbow and other joints amendable to topical non-steroidal anti-inflammatory drugs. It is recommended for short-term use of 4 to 12 weeks. MTUS also states that any compounded product with at least one drug which is not recommended is not recommended. The MTUS states that there is no evidence for use of muscle relaxants as a topical product. Additionally, flurbiprofen is not FDA approved for topical use. In this case the injured workers injuries are low back related and the medication requested is a compounded medication which includes Cyclobenzaprine. The request for Flurflex is not medically necessary.

Flurflex 10/10% 240 gm, to be mailed to patient from compound pharmacy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111, 112, 113.

Decision rationale: In regards to Flurflex 10/10% (Flurbuprofen/Cyclobenzaprine) MTUS Chronic Pain Medical Treatment Guidelines on Topical Analgesics states that topical analgesics are primarily recommended for localized neuropathic pain after there is evidence of a trial of first line therapy, such as tri-cyclic anti-depressants and anti-epileptic medications. MTUS guidelines recommend topical non-steroidal anti-inflammatory drugs for osteoarthritis and tendonitis of the knee, elbow and other joints amenable to topical non-steroidal anti-inflammatory drugs. It is recommended for short-term use of 4 to 12 weeks. MTUS also states that any compounded product with at least one drug which is not recommended is not recommended. The MTUS states that there is no evidence for use of muscle relaxants as a topical product. Additionally, flurbiprofen is not FDA approved for topical use. In this case the injured workers injuries are low back related and the medication requested is a compounded medication which includes Cyclobenzaprine. The request for Flurflex is not medically necessary.

Naproxen Sodium 550 mg Qty 120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non steroidal anti-inflammatory drugs) Page(s): 22, 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 22, 60, 66, 67-73.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines for chronic low back pain recommends NSAID's as an option for short-term use to reduce pain. The long-term use of non-steroidal anti-inflammatory drugs is not without significant gastrointestinal, cardiovascular and renal risks. Before prescribing medications for chronic pain the following should occur: determine the aim of the use of the medication; determine the potential benefits and adverse effects and determine the injured workers preference. According to documentation, the IW had recently returned to work at extended hours with a flare of his pain level. Prior to the 5/13/15 appointment the IW had been on only long term narcotics. The initiation of an anti-inflammatory medication in light of significant increase in activity with a flare of low back pain is reasonable and appropriate. The request is medically necessary.