

<b>Case Number:</b>	CM15-0036374		
<b>Date Assigned:</b>	03/04/2015	<b>Date of Injury:</b>	01/10/2014
<b>Decision Date:</b>	06/01/2015	<b>UR Denial Date:</b>	02/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2015

### 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: California

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 sustained an industrial injury on 01/10/2014. He reported gradually developing right shoulder pain, right arm pain, bilateral wrist/hand/digit pain, bilateral knee pain, toxic exposure causing a runny nose, and stress. The injured worker is currently diagnosed as having right shoulder sprain/strain, right shoulder tendinitis, rule out right shoulder rotator cuff tear, bilateral wrist sprain/strain, bilateral hand sprain/strain, left thumb tenosynovitis, bilateral knee sprain/strain, rule out, bilateral knee internal derangement, rule out right knee meniscal tear, sleep disturbance secondary to pain, rule out toxic exposure with runny nose, and situational depression. Treatment and diagnostics to date has included shockwave treatment, chiropractic treatment, massage, right knee MRI, and medications. In a progress note dated 10/08/2014, the injured worker presented with complaints of pain in his right shoulder/arm, left thumb, and bilateral knees. The treating physician reported requesting authorization for FluriFlex and TGHOT.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FluriFlex 180 G (Flurbiprofen/Cyclobenzaprine 15/10%): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

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

**Decision rationale:** This patient presents with pain in the right shoulder/arm, bilateral knees, left thumb, and bilateral wrists/hands. The request is for FluriFlex 180g (Flurbiprofen / Cyclobenzaprine 15/10%) on 12/03/14. The current medications include Mobic 7.5mg and TGHot 180gm. The patient is temporary total disability per 11/19/14 report. Review of reports does not prior use of FluriFlex. Per 12/03/14 report, the treater noted, "topical medications were prescribed in order to minimize possible neurovascular complications; and to avoid complications associated with the use of narcotic medications, as well as upper GI bleeding from the use of NSAID's medications." MTUS guidelines on topical analgesics page 111 (chronic pain section) state the following: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The request contains flurbiprofen and cyclobenzaprine. Cyclobenzaprine is not indicated for topical formulation per the guideline. The request is not medically necessary.