

Case Number:	CM13-0031621		
Date Assigned:	06/06/2014	Date of Injury:	03/23/2013
Decision Date:	07/14/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/03/2013

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 30-year-old male who reported an injury on 03/23/20 secondary from being hit by a forklift. The injured worker had complained of low back pain with spasms and left upper extremity pain. The injured worker describes his pain as 5-6/10. Also states pain interferes with daily activities. The injured worker had been taking anti-inflammatory with Tramadol. Diagnostic study of MRI showed T12-L1 2.0 anterior disc bulge, L1-L2 2.0 anterior disc bulge, L2-L3 2.9mm anterior disc bulge, L5-S1 3.5mm broad based disc protrusion. High intensity zone is present within the posterior annular fibers of the disc which may represent an annular fissure or tear. A Nerve Conduction Study was done on 09/24/2013. Range of motion of the dorso-lumbar spine is flexion 60 degrees normal, 10 inch gap fingers to floor measured, extension 25 degrees normal, 25 degrees measured. Lateral bending normal is 25 degrees, right 25 degrees, and left 25 degrees. Rotation normal is 45 degrees, right 30 degrees, and left 30 degrees. Muscle strength is 5/5 in upper and lower extremities. Deep tendon reflexes are positive 2 at level of both biceps and patella. Tinel's test and Bracelet test were both positive. Kemp's test positive bilaterally. Speed's test positive on the left. Medications were Tramadol 25mg one by mouth as needed, Naproxen Sodium 550mg one capsule every 12 hours as needed. Current treatment for the injured worker had been six visits of manual acupuncture, electro acupuncture, myofascial release, electrical stimulation, infrared, cupping and diathermy. There was not documentation of pain relief with oral analgesics. Also there is no documentation of using an anticonvulsant. It was documented that the injured worker completed sixteen physical therapy visits; however the objective functional improvement was not documented. The treatment plan is for Fluflex (flurbiprofen 15%, cyclobenzaprine 10%, quantity 180gm) and Tohot (tramadol 8%, gabapentin 0%, menthol 2%, camphor 2%, capsaicin .05%, quantity 180gm). The request for authorization was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR FLUFLEX (FLURBIPROFEN 15% CYCLOBENZAPRINE 10% QTY 180GM DOS:9/10/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS.

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

Decision rationale: The injured worker has complaints of chronic lumbar and left shoulder pain. Medications of Tramadol and Naproxen Sodium 550mg were documented. The submitted report did not document evaluations of pain relief from medications or trial of anticonvulsants. Also there was a lack of documentation for the functional improvement of physical therapy. California Medical Treatment Utilization Schedule (MTUS) states topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines also state that topical non-steroidal anti-inflammatory agents (NSAIDs) being used for neuropathic pain is not recommended as there is no evidence to support use. Guidelines state there is no evidence for use of any other muscle relaxant as a topical product. Furthermore, the request does not include the frequency for the requested medication. Given the above, the request for fluflex (flurbiprofen 15% cyclobenzaprine 10% qty 180gm, Dos: 9/10/13 is not medically necessary.

RETROSPECTIVE REQUEST FOR DOS 9/10/13 TOHOT (TRAMADOL 8% GABAPENTIN 0% MENTHOL 2% CAMPHOR 2% CAPSACIN 05% QTY 180GM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111, 112, 133.

Decision rationale: The injured worker has complaints of chronic lumbar and left shoulder pain. California Medical Treatment Utilization Schedule (MTUS) states topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Gabapentin not recommended by guideline, as there is no peer reviewed literature to support use. Capsaicin is generally available as a 0.025% formulation and recommended only as an option in patients who have not responded or are intolerant to other

treatments. Furthermore, the request does not include the frequency for the requested medication. Given the above, the request tohot (tramadol 8% gabapentin 0% menthol 2% camphor 2% capsacin 05% qty 180gm, Dos 9/10/13 is not medically necessary.