

Case Number:	CM13-0035698		
Date Assigned:	12/13/2013	Date of Injury:	03/07/2012
Decision Date:	02/11/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/17/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 physician 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 claimant is a 51 year old female presenting with neck, left shoulder, upper and lower back pain following a work related injury on 3/7/2012. The pain is described as radiating from the neck to the left shoulder. The pain is associated with frequent headaches, and neck stiffness. The pain in the low back radiates to the left leg. The physical exam is significant for cervical spine tenderness, spasm, trigger points, limited range of motion, tenderness, spasm and limited range of motion in the thoracic spine. The lumbar spine exam was significant for tenderness, spasm and limited range of motion. The left shoulder exam was significant for tenderness and limited range of motion, sensation was decreased to light touch and pinprick over the left anterolateral shoulder and arm and lateral forearm and hand. The claimant was diagnosed with head pain, cervical musculoligamentous strain/sprain, thoracic musculoligamentous strain/sprain, left elbow strain, left wrist strain, and sleep disturbance secondary to pain. Her medications included Relafen, omeprazole 20mg, Sinatalyne PM. The claimant has tried TENs unit and chiropractor therapy. MRI of the cervical spine was significant for annular concentric and bilateral 2-2.2 mm disc protrusion present, flattening and abutting the anterior and right greater than left portion of the thecal sac with mild to moderate right spinal and neural foraminal stenosis, C5-6 level right paracentral and right lateral 3.5mm broad based disc protrusion, mild to moderate lateral spinal and neural foraminal stenosis. MRI of the lumbar spine was significant for L5-S1 annular concentric and broad-based measuring 3-3.5 mm disc protrusion present in combination with mild bilateral facet arthropathy changes, producing mild bilateral lateral spinal and neural foraminal stenosis. Electromyography and nerve conduction velocity (EMG/NCV) was significant for mild right peroneal motor neuropathy at the ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

FluriFlex 180mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: FluriFlex is not medically necessary. The California MTUS guidelines state that topical analgesics that are largely experimental in use with a few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one non-recommended drug or drug class is not recommended for use. FluriFlex is a compounded drug containing topical nonsteroidal anti-inflammatory drug (NSAID). Per the guidelines, topical NSAID is indicated for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. There is little evidence to utilize topical NSAIDs for treatment of pain associated with the spine, hip or shoulder. Additionally, the medical records did not indicate the length of use. Therefore, FluriFlex is not medically necessary or appropriate.

TGHot 180mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: TGHot compound cream is not medically necessary. The California MTUS guidelines state that topical analgesics that are largely experimental in use with a few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one non-recommended drug or drug class is not recommended for use. TGHot is a compound cream containing Capsaicin. Per MTUS guidelines, Capsaicin is indicated for fibromyalgia, osteoarthritis and non-specific back pain in patients who have not responded or are intolerant to other treatments. At that point only the formulations at 0.025% or 0.075% are recommended. The medical records do not indicate that the claimant has fibromyalgia, osteoarthritis or non-specific back pain. Topical Capsaicin is also recommended for short-term use (4-12 weeks). The medical records do not indicate the length of use. Therefore, TGHot compound cream is not medically necessary at this time.

Tramadol 50mg #50 - twice a day, as needed: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 83.

Decision rationale: Tramadol is not medically necessary. Tramadol is a centrally- acting opioid. Per MTUS guidelines, opioids are recommended for short-term use for osteoarthritis after failure of first line non-pharmacologic and medication option including Acetaminophen and NSAIDs. Additionally, the guidelines state that weaning of opioids is recommended if (a) there is no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy, and the claimant continued to report pain. The claimant has long-term use with this medication and there was a lack of improved function or return to work with this opioid and all other medications. Therefore, Tramadol is not medically necessary or appropriate.