

Case Number:	CM13-0045404		
Date Assigned:	12/27/2013	Date of Injury:	09/01/2008
Decision Date:	03/07/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/12/2013

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 Pain Management, and is licensed to practice in California, District of Columbia, Maryland, and Florida. 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 patient is a 35 year old female injured on 09/01/2008. Review of the submitted records indicates she was experiencing chronic pain in the neck and bilateral wrists and hands. Per the 10/14/2013 examination by [REDACTED], the patient stated having continued pain and currently engaging in home exercises. Relevant objective findings included normal grip strength bilateral, normal neck and bilateral wrist/hand range of motion, and normal motor strength bilateral upper extremities. Additionally, Phalen's sign, Tinel's sign and Finkelstein's were negative [REDACTED] signed the patient's most recent progress report (dated 11/19/2013) that indicated the patient continued to experience high levels of neck and bilateral wrist pain. Neck pain was rated at 7/10 and wrist pain rated at 8/10. Pain levels were minimally decreased from the September progress report (pain levels were not recorded in the October progress report); however, the patient indicated worsening bilateral hand and shoulder pain as well as swelling in the shoulder. Exam details indicated the patient's grip strength had increased from the October progress report; however, the patient's neck range of motion had decreased due to pain and spasm. Left and right wrist ranges of motion were also decreased compared to the October progress report. Muscle strength in the patient's upper extremities was mild. The patient is status post carpal tunnel release (2010). There were no specific details regarding the patient's response to medications or previously reported home exercises. Current medications were not specifically listed. The October 14, 2013 progress report listed Flexeril, Omeprazole and Naproxen as current medications. The patient is 5' 3" and weighs 150 pounds. The patient has a history of Type 2 Diabetes Mellitus. There were no details on the patient's current management of Diabetes or details on any current symptoms. At issue for medical necessity is the prospective requests for an unknown prescription of TGHOT and an unknown prescription of Flurflex.

IMR ISSUES, DECISIONS AND RATIONALES

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

request for unknown prescription of TGHOT: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC-Pain (Chronic)(Updated 11/14/2013) Topical analgesics, compounded

Decision rationale: TGHOT is a compound topical analgesic consisting of Tramadol/Gabapentin/Menthol/Camphor/Capsaicin (8/10/2/0.05%) cream. The guidelines stated that the use of topical analgesics is largely experimental with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines further stated that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. According to MTUS (July 18, 2009) Chronic Pain Medical Treatment Guidelines, Gabapentin is not recommended for topical use, since there is no peer-reviewed literature to support use. Also the guideline does not support topical Tramadol. Therefore the request for TGHOT 180mg cream is not medically necessary based on the guideline.

request for unknown prescription of Flurflex: 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): 112-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -TWC-Low Back (Lumbar and Thoracic)(Updated 12/27/2013)-Topical Analgesics

Decision rationale: The prospective request for FluriFlex (Flurbiprofen/Cyclobenzaprine 15/10%) cream (unspecified quantity) does not satisfy CA MTUS or ODG Guidelines. Topical agents are primarily recommended for the treatment of neuropathic pain when trials of antidepressants or anticonvulsants have failed and the documentation provided for review did not describe well-demarcated neuropathic pain that has failed with the readily available oral agents such as antidepressant, antiepileptic, or nonsteroidal anti-inflammatory class to support medical necessity. Also, it has not been established that there has been inadequate analgesia, intolerance or side effects from the more accepted first-line medications prior to consideration of compound topical formulations. Also the guideline states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In addition topical Cyclobenzaprine and Flurbiprofen is not supported by the guideline.

