

Case Number:	CM13-0048368		
Date Assigned:	12/27/2013	Date of Injury:	12/27/2012
Decision Date:	06/06/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	11/05/2013

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 Orthopedic Surgery and is licensed to practice in Texas. 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 32-year-old female injured on 12/27/12 after pulling a heavy pallet of batteries twisting her left knee and hearing a crack. The injured also complained of low back pain in addition to left knee pain. The pain was exacerbated with bending, reaching, and heavy lifting activities. An initial MRI of the left knee revealed no abnormalities. The electrodiagnostic studies were negative. Care was managed non-surgically to date. The most recent clinical documentation indicated that the patient continued to complain of lumbar spine pain and left knee pain rated at 7-9/10. The current medications included Tramadol 50mg twice daily, Flurflex 100g and TG Hot 180g.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLURIFLEX 180GM: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111.

Decision rationale: The Chronic Pain Medical Treatment Guidelines indicate that the safety and efficacy of compounded medications has not been established through rigorous clinical trials.

Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no indication in the documentation that these types of medications have been trialed and/or failed. The MTUS, Food and Drug Administration, and Official Disability Guidelines require that all components of a compounded topical medication be approved for transdermal use. In addition, there is no evidence within the medical records submitted that substantiates the necessity of a transdermal versus oral route of administration. Therefore, Flurflex 180gm cannot be recommended as medically necessary as it does not meet established and accepted medical guidelines.

TG HOT 180GM, APPLY TO AFFECTED AREA: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111.

Decision rationale: The Chronic Pain Medical Treatment Guidelines indicate that the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no indication in the documentation that these types of medications have been trialed and/or failed. The MTUS, Food and Drug Administration, and Official Disability Guidelines require that all components of a compounded topical medication be approved for transdermal use. In addition, there is no evidence within the medical records submitted that substantiates the necessity of a transdermal versus oral route of administration. Therefore, TG HOT 180GM cannot be recommended as medically necessary as it does not meet established and accepted medical guidelines.

TRAMADOL #60 TWICE A DAY: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, CRITERIA FOR USE Page(s): 77.

Decision rationale: The Chronic Pain Medical Treatment Guidelines indicate that patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. The clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics, as well as establish the efficacy of narcotics. The medical necessity of Tramadol #60 twice daily cannot be established at this time.