

Case Number:	CM13-0052351		
Date Assigned:	12/27/2013	Date of Injury:	10/05/2008
Decision Date:	03/11/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	11/15/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, and is licensed to practice in California. 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 61 year-old-male, who has multiple industrial injury claims. On 10/15/08, the injury occurred as he was kneeling on the floor, stocking the shelves with merchandise. The patient had his left arm braced on the shelf, but it slipped causing him to strike his left elbow on the shelf. The patient reported immediate pain at the left elbow and shoulder with numbness in his fingers. According to the 9/23/13 report from the provider, the patient presented with 5/10 left shoulder and left wrist pain and 8/10 lower back pain with numbness in the left leg. TGHot and FlurFlex creams were requested, and denied on the 10/18/13 UR (utilization review) by [REDACTED]. These compounded topical medications are the topic of this IMR (Independent Medical Review).

IMR ISSUES, DECISIONS AND RATIONALES

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

TGHot applied twice daily to areas of complaint, #180 grams: Upheld

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

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

Decision rationale: The patient presents with 5/10 left shoulder and left wrist pain and 8/10 lower back pain with numbness in the left leg. The records submitted for review do not provide a discussion of what specific medications the "TGHot cream" is composed of. Medical Necessity has been defined under LC4610.5(2) as treatment in accordance with MTUS. Since components of TGHot are unknown, it cannot be compared against MTUS criteria, and therefore cannot be confirmed to be in accordance with MTUS. This does not meet the definition of medically necessary.

Fluriflex, applied twice daily to areas of complaint, #180 grams: Upheld

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

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

Decision rationale: The patient presents with 5/10 left shoulder and left wrist pain and 8/10 lower back pain with numbness in the left leg. The physician requested the use of Fluriflex topical twice a day to the areas of complaint. Fluriflex is a compound of flurbiprofen 15%/cyclobenzaprine 10%. The CA MTUS states " Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended". The MTUS also indicate that baclofen and other muscle relaxants are not recommended as a topical product. The muscle relaxant cyclobenzaprine component of the topical Fluriflex is not recommended, so the whole Fluriflex compound is not recommended.