

Case Number:	CM13-0053027		
Date Assigned:	12/30/2013	Date of Injury:	09/29/2012
Decision Date:	03/11/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/18/2013

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 Occupational Medicine, 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 physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records: The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of September 29, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; topical compounds; lumbar laminotomy and decompression surgery on July 17, 2013; and extensive periods of time off of work, on total temporary disability. In a Utilization Review Report of November 7, 2013, the claims administrator denied request for several topical compounds, citing non-MTUS ODG Guidelines and non-MTUS Third Edition ACOEM Guidelines. The applicant's attorney subsequently appealed. An earlier progress note of March 20, 2013 is notable for complaints that the applicant was given prescriptions for oral Tramadol, FluriFlex, and topical Medrox. He was placed off of work, on total temporary disability, at that point. There was no mention of intolerance to and/or failure of oral pharmaceuticals on that occasion or on subsequent occasions, it is further noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

request for Fluriflex 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: One of the ingredients in the topical compound, Flexeril, is a muscle relaxant. However, as noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as Flexeril are not recommended for topical compound formulation purposes. The unfavorable recommendation on Flexeril results in the entire compound's carrying an unfavorable recommendation, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Accordingly, the request is not certified.

request for TGHOT 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Page(s): 111.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, oral pharmaceuticals are a first-line palliative method. In this case, the applicant is described as using a first-line oral pharmaceutical, Tramadol, without any reported difficulty, impediment, and/or impairment, effectively obviating the need for topical agents or topical compounds such as the TGHOT containing compound which is, per Page 111 of the MTUS Chronic Pain Medical Treatment Guidelines "largely experimental." Accordingly, the request is likewise not certified, on Independent Medical Review.