

Case Number:	CM13-0055398		
Date Assigned:	12/30/2013	Date of Injury:	08/30/2012
Decision Date:	05/29/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/20/2013

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 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 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:

According to the records made available for review, this is a 26-year-old male with an 8/30/12 date of injury. At the time (9/18/13) of the request for authorization for TGHOT 180 gm, Tramadol 50mg, and Fluriflex 180 gm, there is documentation of subjective (constant slight to moderate low back pain that radiates to the buttocks) and objective (range of motion of the lumbar spine is decreased, tenderness and spasm elicited on palpation of the paralumbar and gluteal musculature bilaterally and tenderness over the sacroiliac joint, sciatic notch and posterior iliac crest bilaterally, sensation is decreased to light touch and pinprick over the right anterolateral thigh) findings, current diagnoses (lumbosacral musculoligamentous strain/sprain with radiculitis, rule out disc protrusion, depression/anxiety, situational, and sleep disturbance secondary to pain), and treatment to date (physical therapy and medication including Motrin). Regarding Tramadol 50mg, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects.

IMR ISSUES, DECISIONS AND RATIONALES

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

TGHOT 180 GM: Upheld

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

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

Decision rationale: Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that Ketoprofen, Lidocaine (in creams, lotion or gels), Capsaicin in a 0.0375% formulation, Baclofen and other muscle relaxants, and Gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. TGHOT contains at least one drug (Capsaicin and Gabapentin) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for TGHOT 180 gm is not medically necessary and appropriate.

TRAMADOL 50 MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Specific Drug List..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80,113.

Decision rationale: Chronic Pain Medical Treatment Guidelines identifies documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; as criteria necessary to support the medical necessity of Opioids. In addition, specifically regarding Tramadol, Chronic Pain Medical Treatment Guideline identifies documentation of moderate to severe pain and Tramadol used as a second-line treatment (alone or in combination with first-line drugs), as criteria necessary to support the medical necessity of Tramadol. Within the medical information available for review, there is documentation of diagnoses of lumbosacral musculoligamentous strain/sprain with radiculitis, rule out disc protrusion, depression/anxiety, situational, and sleep disturbance secondary to pain. In addition, there is documentation of moderate to severe pain and Tramadol used as a second-line treatment. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Therefore, based on guidelines and a review of the evidence, the request for Tramadol 50mg is not medically necessary and appropriate.

FLURIFLEX 180 GM: Upheld

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

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

Decision rationale: Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that Ketoprofen, Lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, Baclofen and other muscle relaxants, and Gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Fluriflex contains at least one drug (Cyclobenzaprine) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Fluriflex 180 gm is not medically necessary and appropriate.