

Case Number:	CM13-0057089		
Date Assigned:	12/30/2013	Date of Injury:	07/26/2013
Decision Date:	05/15/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	11/25/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine 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 30-year-old male who reported an injury on 07/26/2013. The mechanism of injury was not provided in the medical records for review. The clinical note dated 08/29/2013 indicated that the injured worker complained of moderate pain in the neck, left shoulder, left knee, and left ankle, moderate pain in the mid upper back that radiated into the upper extremities and moderate to severe pain in the low back that radiated to the lower extremities. Objective findings cervical spine there is noted tenderness to palpation over the paraspinal muscles and with palpable spasm with restricted range of motion, thoracic spine there is noted tenderness to palpation over the paraspinal muscles and palpable spasm with restricted range of motion, lumbar spine there is tenderness to palpation over the paraspinal muscles and palpable spasm with restricted and decreased range of motion. Straight leg raise test is positive at 40 degrees to the right. Left shoulder there is tenderness to palpation without palpable spasm noted and there is restricted range of motion. The left knee there is tenderness to palpation without palpable spasm and there is restricted range of motion, left ankle there is tenderness to palpation without palpable spasm. There is restricted range of motion documented per the physician with no ranges for review. The clinical note diagnostic impression listed as cervical spine sprain/strain with radiculitis, thoracic spine sprain/strain, lumbar spine sprain/strain with radiculitis, left shoulder sprain/strain, left knee sprain/strain, and left ankle sprain/strain. The treatment plan was to include that the injured worker was to continue chiropractic therapy to the cervical spine, thoracic spine, lumbar spine, left knee, and left shoulder; 3 times a week for 4 weeks. The injured worker was referred for an EMG/NCV to the upper extremities and lower extremities. The injured worker was prescribed Fluriflex 180 g, TG-Hot 180 g, Cyclobenzaprine 7.5 mg #60 two times a day, and tramadol 50 mg #60 two times a day as needed. X-rays of the cervical spine

and lumbar spine were obtained and performed. Readings were normal. The medical records provided for review did not include a rationale from the physician for the requested medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLURIFLEX 180 GM: Upheld

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

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

Decision rationale: The request for the Fluriflex 180 gm is non-certified. Topical analgesics, per the California MTUS, are largely experimental in use with few randomized trials that determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when the trials of antidepressants and/or anticonvulsants have failed. There is little to no research to support the use of these agents. Any compound product that contains at least 1 drug or drug class that is not recommended, then the whole compound cream is not recommended. The requested topical medication includes topical Flurbiprofen which CA MTUS guidelines do not recommend topical NSAIDs. The request and documentation for the Fluriflex 180 gm did not include frequency, quantity of each medication in the compound, and strength of each medication in the compound analgesic requested. Therefore, the request is non-certified.

TG HOT 180 GM: Upheld

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

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

Decision rationale: The request for TG-Hot 180 g is non-certified. Topical analgesics, per the California MTUS, are largely experimental in use with few randomized trials that determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when the trials of antidepressants and/or anticonvulsants have failed. There is little to no research to support the use of these agents. Any compound product that contains at least 1 drug or drug class that is not recommended, then the whole compound cream is not recommended. The use of the compound agents require knowledge of specific analgesic effects of each agent and how it is to be useful for the specific therapeutic goal required. The request and documentation for the TG-Hot 180 mg did not include frequency, quantity of each medication in the compound, and strength of each medication in the compound analgesic requested. Therefore, the request is non-certified.

