

Case Number:	CM13-0058993		
Date Assigned:	12/30/2013	Date of Injury:	10/15/2013
Decision Date:	04/01/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	11/27/2013

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 least at 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 40-year-old male with a date of injury of 10/15/2013. The listed diagnoses per [REDACTED] dated 11/06/2013 are: 1. Lumbar disk displacement with myelopathy. 2. Sciatica. 3. Tendinitis/bursitis of the bilateral hips. 4. Bilateral hips strain. According to report dated 11/06/2013, patient presents with complaints of constant severe pain in the lumbar spine and bilateral hips. Examination of the lumbar revealed +3 spasm and tenderness to the bilateral lumbar paraspinal muscles from L2 to S1. Kemp's test and straight leg raise test were both noted as positive. Braggard's was noted as positive on the right. The right Achilles reflex was decreased. The L5 dermatome was decreased in the right to light touch. Examination of the hips revealed +4 spasm and tenderness to the bilateral gluteus medius muscles. Hip range of motion was noted as decreased. Faber's test was positive bilaterally as well as Anvil's test and Thomas test.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurflex (Flurbiprofen 15%, cyclobenzaprine 10%), apply bid 180gm: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines

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

Decision rationale: The patient presents with lumbar and bilateral hip complaints. Treating physician is requesting Fluriflex for "muscle pain and relief." Fluriflex is a compound topical cream containing flurbiprofen 15% and cyclobenzaprine 10%. The MTUS Guidelines regarding topical analgesic states "It is largely experimental and used with few randomized control trials to determine efficacy or safety. Any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended." Cyclobenzaprine is a muscle relaxant and is not recommended for any topical formulation. Recommendation is for denial.

TGHot (Tramadol 8%, Gabapentin 10%, Menthol 2%, Camphor 2%, Capsaicin 0.05%) apply bid 180gm:

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines

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

Decision rationale: The patient presents with lumbar and bilateral hip complaints. The treating physician is requesting topical cream TG Hot for "muscle pain and relief." TG Hot is a compound topical cream containing tramadol, gabapentin, menthol, camphor, and capsaicin. The MTUS Guidelines regarding topical analgesics states "It is largely experimental and used with few randomized control trials to determine efficacy or safety. Any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended." Gabapentin is not recommended as a topical formulation, therefore, the entire compounded formulation is not recommended.