

Case Number:	CM13-0062755		
Date Assigned:	12/30/2013	Date of Injury:	07/03/2013
Decision Date:	05/10/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/09/2013

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 Anesthesiology, 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 52-year-old female with a 7/3/13 date of injury. At the time (11/27/13) of request for authorization for TGHOT 180 gm, apply a thin layer to affected area, 2 times a day and prescription of Flurflex 180 gm, apply a thin layer to affected area 2 times a day, there is documentation of subjective (moderate bilateral hip pain, frequent and severe thoracic spine pain with numbness to the area and increased pain during night while laying down; frequent and moderate lumbar spine pain with numbness to the area; and frequent and moderate cervical spine pain) and objective (cervical spine spasm and tenderness, positive axial compression, distraction, and shoulder depression, left triceps reflex decreased; thoracic spasm and tenderness; lumbar spasms and tenderness to the bilateral lumbar paraspinal muscles L1-S1, positive Kemp's bilaterally, straight leg raise bilaterally, Yeoman's bilaterally, Braggards on the right, decreased sensation at the L5 and S1 dermatomes) findings, current diagnoses (closed fracture of L1 vertebral body, cervical disc herniation with myelopathy, lumbar disc displacement with myelopathy, lesion of sciatic nerve, and thoracic disc displacement without myelopathy), and treatment to date (PT and HEP). 11/13/13 medical report identified a request for Flurflex (flurbiprofen 15%/Cyclobenzaprine 10%) and TGHOT (tramadol 8%/Gabapentin 10%/menthol 2%/camphor 2%/capsaicin 0.05%).

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF TGHOT 180GM, APPLY A THIN LAYER TO AFFECTED AREA, 2 TIMES A DAY: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Guidelines indicate 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. Guidelines also indicate 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 the MTUS Chronic Pain Guidelines and a review of the evidence, the request is not medically necessary and appropriate.

PRESCRIPTION OF FLURFLEX 180GM, APPLY A THIN LAYER TO AFFECTED AREA 2 TIMES A DAY: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Guidelines indicate 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. The MTUS Chronic Pain Guidelines also indicate any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Flurflex contains at least one drug (Cyclobenzaprine) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request is not medically necessary and appropriate.