

Case Number:	CM13-0063095		
Date Assigned:	12/30/2013	Date of Injury:	05/08/2008
Decision Date:	08/15/2014	UR Denial Date:	11/13/2013
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 Internal 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:

This is a 63-year-old female patient with a 5/8/08 date of injury. According to the available medical summary, the patient injured herself when tripped and fell in the strip of cement. A 10/14/13 progress report indicated that the patient complained of right shoulder pain, 5/10 and the neck pain, 4/10. She was also complaining of bilateral wrist pain with pins and needle sensations, 3/10. The patient reported lower back pain, 4/10 and knee pain 1/10. The objective findings demonstrated tenderness over the acromioclavicular joint, and slightly decreased range of motion. She was diagnosed with right shoulder contusion, Left upper arm contusion, Lumbar spine sprain, acute ankle sprain, and bilateral knee sprain. The treatment to date includes medication management, physical therapy, chiropractic therapy, and TENS unit. Fluriflex and Tgice cream were not certified, based on the fact that guidelines did not support topical analgesics use.

IMR ISSUES, DECISIONS AND RATIONALES

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

CARTIVISC #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine/Chondroitin Page(s): 41-42. Decision based on Non-MTUS Citation A search of

online resources identified that Cartivisc contains chondroitin sulfate, glucosamine, and methylsulfonylmethane.

Decision rationale: The CA MTUS does not address this issue. However, while the ODG recommends Glucosamine and Chondroitin sulfate as an option in patients with moderate arthritis pain, Cartivisc contains Methylsulfonylmethane (MSM), which is not FDA approved. However, there were no diagnostic studies available to confirm the diagnosis of arthritis. In addition, as cited guideline, Cartivisc contains Methylsulfonylmethane (MSM), which is not FDA approved. Therefore, the request for Cartivisc #90 was not medically necessary.

FLURIFLEX 15/10% 180GM CREAM: Upheld

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

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

Decision rationale: An online search has revealed that Fluriflex ointment/cream is a combination of Flurbiprofen/Cyclobenzaprine 15/10%. The CA MTUS Chronic Pain Medical Treatment Guidelines state 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. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. This compound contains topical cyclobenzaprine and Flurbiprofen, which are not currently supported by the MTUS and the ODG guidelines. Regarding the request, medical necessity was not met. However, there was no documentation supporting significant pain relief from Fluriflex cream. In addition, guidelines do not support compounded medication, because they are highly experimental. Therefore, the request for Fluriflex 15/10% 180gm cream was not medically necessary.

TGICE 8/10/2/2% 180 GM CREAM: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Boswellia Serrata Resin, Capsaicin, Topical Analgesics Page(s): 25, 28, 111-113.

Decision rationale: The CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, Boswellia Serrata Resin, and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. However, there was no documentation of significant pain relief or functional gains following Tgice cream. In addition, guidelines did not support compounded medication,

because they are highly experimental. Therefore, the request for Tgice 8/10/2/2% 180 gm cream was not medically necessary.