

Case Number:	CM13-0070256		
Date Assigned:	01/03/2014	Date of Injury:	08/24/2012
Decision Date:	04/17/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/23/2013

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 Pain Management 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 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 54 year old male who was injured on 8/24/2013 while moving a refrigerator. Prior treatment history has included being seen at an industrial clinic in [REDACTED]. The patient was examined and an x-ray of the lumbar spine was taken. He received conservative therapy and completed 15 sessions. The patient has undergone surgery for the two hernias. PR-2 dated 11/18/2013 documented the patient to have complaints of constant moderate pain that was described as throbbing. Pain was aggravated by using the arm and turning. The patient reported that the pain radiates up to his head. There were complaints of constant moderate pain in the lumbar spine that was described as throbbing and aching. This pain was aggravated by using the arms, lifting, prolonged walking, prolonged standing, climbing up stairs, and bending forward at the waist. The patient reported aching pain and numbness down both legs extending to his toes. There were complaints of constant moderate pain at the abdomen best described as sharp and aching. The patient had surgery to the area to repair two hernias. He also complains of stress and nervousness. Objective findings on exam included examination of the cervical spine showing +3 spasm and tenderness to the bilateral paraspinal muscles from C2 to C7, bilateral suboccipital muscles and bilateral upper shoulder muscles. Cervical range of motion was captured digitally by Acumar. Axial compression test was positive bilaterally for neurological compromise. Distraction test was positive bilaterally. Shoulder depression test was positive bilaterally. The left triceps reflex was decreased. The right triceps reflex was decreased. On lumbar exam there was +3 spasm and tenderness to the bilateral lumbar paraspinal muscles from L2 to S1 and multifidus. Kemp's test was positive bilaterally. The straight leg raise test was positive bilaterally. Yeoman's test was positive bilaterally. Braggard's was negative. The right Achilles reflex was decreased.

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.

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

Decision rationale: TGhot is a compounded topical product containing Tramadol, Gabapentin 10%, Menthol 2%, Camphor 2%, and Capsaicin 0.05%. According to the CA MTUS guidelines, topical analgesics are considered to be largely experimental in use with few randomized controlled trials to determine efficacy or safety. These products are primarily recommended for neuropathic pain when first-line measures have failed. The medical records do not establish neuropathic pain with failure of first-line measures. Capsaicin may be recommended only as an option in patients who have not responded or are intolerant to other treatments. The medical records do not substantiate there are any issues with oral medication tolerance. According to the guidelines, Gabapentin is not recommended in topical formulations. The guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Consequently this compounded product is not supported by the evidence based guidelines. Furthermore, there is no medical justification for providing an opioid in a compounded formula. This product is not considered medically necessary or appropriate.

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 Page(s): 111-113.

Decision rationale: This product is a topical compound containing the NSAID, Flurbiprofen and muscle relaxant, Flexeril. The CA MTUS guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. According to the guidelines, the application of any muscle relaxant in a topical formulation is not recommended, as there is no evidence for use of any muscle relaxant as a topical product. Furthermore, the guidelines outline that topical application of an NSAID, such as flurbiprofen, may be indicated for short duration, for osteoarthritis of joints that are amenable to topical treatment. There is little evidence to utilize topical NSAIDs for treatment of the spine. Consequently, under the evidence based guidelines, neither component of this compound is recommended, and therefore is not deemed appropriate or medically necessary.

