

Case Number:	CM13-0072104		
Date Assigned:	05/07/2014	Date of Injury:	05/10/2010
Decision Date:	08/25/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/30/2013

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 Occupational Medicine, has a subspecialty in Preventive 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back and knee pain reportedly associated with an industrial injury of May 10, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; earlier lumbar laminectomy surgery; topical compounds; and transfer of care to and from various providers in various specialties. In a utilization review report dated November 21, 2013, the claims administrator apparently denied a request for various topical compounded drugs. The applicant's attorney subsequently appealed. A March 26, 2014 progress note was notable for comments that the applicant was status post earlier lumbar laminectomy in March 2011 and had received two prior epidural steroid injections with no pain relief. The applicant was using unspecified transdermal medications, Tylenol, Norvasc, and Flomax, it was stated. The applicant had had issues with itching with NSAIDs but stated that the Tylenol was "tolerable." The attending provider sought authorization for lumbar spine surgery. The applicant's work status was not furnished. Functional capacity testing was sought on March 4, 2014. The applicant was placed off of work, on total temporary disability, at this point in time. The applicant's medication list was not furnished on this occasion, either. Several of the topical compounds in question were endorsed on October 29, 2013, at which point, the applicant was complaining of multifocal neck, upper back, low back and mid back pain with derivative complaints of psychological stress and insomnia. The applicant was asked to pursue work conditioning at this point. A TG Hot topical compound, FluriFlex topical compound, and orthopedic consultation were sought, along with urine drug testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLURFLEX (FLURBIPROFEN 10%/CYCLOBENZAPRINE 10%) 180 GM: Upheld

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

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

Decision rationale: One of the ingredients in the compound is Cyclobenzaprine, a muscle relaxant. However, as noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as Cyclobenzaprine are not recommended for topical compound formulation purposes. Since one or more ingredients in the compound is not recommended, the entire compound is considered not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary and appropriate.

LIDODERM PATCHES #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Lidocaine Page(s): 112.

Decision rationale: As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical Lidoderm patches are indicated in the treatment of localized peripheral pain or neuropathic pain in applicants in whom there has been a trial of first line therapy with antidepressants and/or anticonvulsants. In this case, however, there is no evidence that antidepressants and/or anticonvulsants were trialed and/or failed before Lidoderm patches were selected and/or continued. Therefore, the request for Lidoderm is not medically necessary and appropriate.

TGHOT (TRAMADOL 8%/GABAPENTIN 10%/MENTHOL 2%/CAMPHOR 2%/CAPSAICIN 0.05%) 180GM: Upheld

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

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

Decision rationale: As noted on page 113, one of the ingredients in the compound is Gabapentin. As noted in page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, however, Gabapentin is not recommended for topical compound formulation purposes. Since

one or more ingredients in the compound is not recommended, the entire compound is considered not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary and appropriate.