

Case Number:	CM14-0000470		
Date Assigned:	01/10/2014	Date of Injury:	02/16/2011
Decision Date:	05/20/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	01/02/2014

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 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 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 patient with a date of injury of 2/16/11. A utilization review determination dated 12/16/13 recommends non-certification of AppTrim, FluriFlex, and TGIce. The 11/15/13 medical report identifies ongoing pain in the left shoulder, low back, and left knee. The topical creams have been helpful in controlling knee and lumbar spine pain. The patient is not taking oral medications. On exam, there is left shoulder tenderness with mildly positive impingement sign. There is lumbar spine spasm and tenderness with positive SLR and decreased sensation at the L5 and S1 dermatomes on the left. There is left knee crepitus.

IMR ISSUES, DECISIONS AND RATIONALES

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

APPTRIM #120, TWO CAPSULATES TWICE A DAY: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Medical food

Decision rationale: Regarding the request for AppTrim, California MTUS does not address this issue. It is noted to contain "L-Glutamic Acid, Choline Bitartrate, L-Histidine HCL, L-Tyrosine,

L-Serine, Whey Protein Isolate (Milk), Griffonia Seed Extract, Cocoa Extract, Caffeine, and Grape Seed Extract." Per ODG, "There is no known medical need for choline supplementation except for the case of long-term parenteral nutrition or for individuals with choline deficiency secondary to liver deficiency." Additionally, "Glutamic Acid...is used for treatment of hypochlohydria and achlorhydria. The treatment indications include those for impaired intestinal permeability, short bowel syndrome, cancer and critical illnesses. It is generally used for digestive disorders in complementary medicine." Also, regarding "L-Serine: There is no indication in Micromedix, Clinical Pharmacology, or AltMedDex® for the use of this product." In light of the above issues, the currently requested AppTrim is not medically necessary.

FLURIFLEX CREAM 180 GM:

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: Regarding the request for FluriFlex, California MTUS cites that topical NSAIDs are indicated for "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." That has not been documented. Additionally, muscle relaxants are not supported by the California MTUS for topical use. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient. In light of the above issues, the currently requested FluriFlex is not medically necessary.

TGICE CREAM 180GM: 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: Regarding the request for TGIce, California MTUS cites that topical Gabapentin is not recommended as there is no peer-reviewed literature to support use. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient. In light of the above issues, the currently requested TGIce is not medically necessary.