MAXIMUS Federal Services

Case Number:	CM14-0000597		
Date Assigned:	01/17/2014	Date of Injury:	02/28/2008
Decision Date:	06/09/2014	UR Denial Date:	12/13/2013
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 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 injured worker is a 63 year old female with an injury reported on 02/28/2008. The mechanism of injury was not provided within the clinical notes. The clinical note dated 08/26/2013, reported that the injured worker complained of pain to her neck, low back and bilateral wrist. Per the examination report the injured worker's cervical demonstrated flexion was to 40 degrees, estension was to 45 degrees, right and left rotation was to 60 degrees. The injured worker's diagnoses included cervical disc syndrome, bilateral carpal tunnel syndrome, lumbar disc disease/syndrome, low back syndrome and insomnia.. The request for authorization was submitted on 12/18/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

TGHOT 180GM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105.

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

Decision rationale: The request for TGHot 180gm is non-certified. The injured worker complained of pain to her neck, low back and bilateral wrist. TG Hot cream consist of tramadol,

gabapentin, menthol, camphor, and capsaicin. According to the California MTUS guidelines note topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines note capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. According to the guidelines, gabapentin is not recommended as there is no peer-reviewed literature to support use. The guidelines note any compound that contains at least one drug or drug class that is not recommended is not recommended; as the guidelines note gabapentin is not recommended, the compound would not be indicated. It did not appear the injured workers medication was decreased or not tolerated. Additionally, it did not appear the injured worker had any diagnoses for which capsaicin would be recommended. Therefore, the request for TGHot 180gm is non-medically necessary and appropriate.

FLURIFLEX 180GM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 105.

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

Decision rationale: The request for fluriflex 180gm is non-certified. The injured worker complained of pain to her neck, low back and bilateral wrist. Fluriflex is a cream which consist of flurbiprofen 15% and cyclobenzaprine 10 %. According to the California MTUS guidelines topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Cyclobenzaprine is classified as a muscle relaxant; the guidelines state that there is no evidence for the use of any other muscle relaxant as a topical product. The guidelines recommend the use of topical Non-Steroidal Anti-Inflammatory Drugs (NSAID) for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment; there is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. The guidelines note any compound that contains at least one drug or drug class that is not recommended is not recommended; as the guidelines note muscle relaxants are not recommended, the compound would not be indicated. It did not appear the injured worker had any diagnoses for which a topical NSAID would be recommended. Therefore, the request for fluriflex 180gm is non-certified.