

Case Number:	CM14-0000790		
Date Assigned:	01/17/2014	Date of Injury:	06/30/1999
Decision Date:	06/11/2014	UR Denial Date:	12/11/2013
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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a 54-year-old woman with a history of gastroesophageal reflux disorder who sustained a work related injury on January 10, 2000. The patient subsequently developed chronic low back pain. According to the progress note dated April 03, 2013 the patient physical examination demonstrated midline tenderness, spasm, and tightness to the paralumbar musculature, reduced ROM, slow and antalgic gait, heel-toe walk pain and weakness with difficulty, sciatic stretch test positive, difficulty with deep knee bend. Her L/S MRI of February 22, 2013 revealed s/p L5-S1 posterior fusion with minimal symmetric bulging disc at the level, the spine canal and neural foramina are adequate at this level; small symmetric bulging disc at L3-4 with bilateral facet arthropathy resulting in mild spinal stenosis, bilateral recess stenosis and mild bilateral neural foraminal narrowing, minimal symmetric bulging disc and bilateral facet arthropathy at L4-5 resulting in mild spinal stenosis. The spinal canal and neural foramina are otherwise adequate throughout. The patient was diagnosed with L5-S1 fusion with L5-S1 residual right-sided radiculopathy and s/p lumbar hardware block. Her treatment included pool therapy, hardware block x 2, exercises, and medications. The provider requested authorization to use the drugs mentioned below.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLURIFLEX CREAM 180GM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index 9th Edition Web 2011.

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

Decision rationale: According to California MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Flurbiprofen is not approved for transdermal use. There is no proven efficacy of transdermal Cyclobenzaprine. Furthermore, oral form of these medications was not attempted, and there is no documentation of failure or adverse reaction from their use. Based on the above, the use of FluriFlex cream 180 mg is not medically necessary.

TG ICE CREAM 180GM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index 9th Edition Web 2011.

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

Decision rationale: TGIce is a topical analgesic formed by Tramadol, Gabapentin, Menthol and Camphor cream. According to California MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Gabapentin is not approved for transdermal use. There is no proven efficacy of transdermal Tramadol. Furthermore, oral form of these medications was not attempted, and there is no documentation of failure or adverse reaction from their use. Based on the above, the use of TGIce is not medically necessary.