

Case Number:	CM14-0005414		
Date Assigned:	01/24/2014	Date of Injury:	10/16/2012
Decision Date:	06/27/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/15/2014

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 Occupational 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:

This is a 30-year-old male with a 10/16/13 date of injury being treated for low back and left upper extremity symptoms. He is status post ORIF of the left humeral shaft and left thumb (with hardware) on 10/25/13 with subsequent left thumb hardware removal. On 11/7/13 the patient complained of pain the left upper extremity and low back pain, as well as insomnia. The patient was prescribed physical therapy to the lumbar spine x 12 as well as Fluriflex and THG Hot topical creams, Motrin 600 mg TID, and Omeprazole 20 mg BID with meals. UR decision dated 12/26/13 denied the request for topical Fluriflex and TG Hot given these topical analgesics are not supported per MTUS guidelines. The request for omeprazole was denied as the patient did not have any GI risks (i.e. over the age of 65, history of GI ulcer of bleed, and high dose NSAID use).

IMR ISSUES, DECISIONS AND RATIONALES

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

FLURIFLEX 180 GM # 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL NSAID'S.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS 2009: 9792.24.2 TOPICAL ANALGESICS Page(s): 111-113.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. As such, topical Fluriflex, which contains topical flurbiprofen and cyclobenzaprine, is not recommended. The request for Fluriflex was not medically necessary.

TG HOT 180 GM # 1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. TG Hot contains topical Tramadol, Gabapentin, Menthol, Camphor, and Capsaicin and 8/10/2/ and .5%. Given this cream contains at least one topical ingredient that is not supported by MTUS guidelines, the request as submitted was not medically necessary.

OMEPRAZOLE 20 MG # 60: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS AND CARDIOVASCULAR RISK Page(s): 68.

Decision rationale: CA MTUS and the support proton pump inhibitors in the treatment of patients with GI disorders such as gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. The patient was prescribed Motrin 600 mg TID, which is high dose NSAID therapy. MTUS supports the use of PPI such as omeprazole with chronic NSAID use. Thus, the request as submitted was medically necessary.