

Case Number:	CM14-0009240		
Date Assigned:	06/27/2014	Date of Injury:	03/29/2007
Decision Date:	08/07/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/23/2014

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:

The patient is a 54-year-old male with date of injury 03/29/2007. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 12/10/2013, lists subjective complaints as continued pain in the shoulder, more on the right, as well as neck pain. Patient also complains of numbness radiating to the right upper extremity. Objective findings: Examination of the cervical spine revealed tenderness to palpation and decreased range of motion to pain. He has pain on the spinous process of C3-C6 on the midline. Diagnosis includes cervical strain/sprain with cervical disc disease at C5-6 of 1-2mm; cervical radiculopathy, more on the right, C5-6 level; bilateral carpal tunnel syndrome rule out; history of lumbar spine surgery with residual pain; history of lumbar radiculopathy, more on the right L4, L5 and S1 dermatomes; right inguinal area and left testicular pain; and right shoulder impingement syndrome, rule out internal derangement. The patient's pain started after lumbar surgery. The medical records provided for review document that the patient has been given a new prescription for the following medications FlurFlex (Flurbiprofen 15%/Cyclobenzaprine 10%) 30gms, #180 SIG: apply thin layer to affected area twice daily and TGIce (Tramadol 8%/Gabapentin 10%/ Menthol 2%/ Camphor 2%) 30gms, #18 SIG: apply thin layer to affected area twice daily.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLURFLEX, APPLY THIN LAYER TO AFFECTED AREA TWICE DAILY AS DIRECTED BY PHYSICIAN #180 gm and 30 gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Page(s): 111-113.

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

Decision rationale: The requested medication contains cyclobenzaprine, a muscle relaxant. According to the MTUS, there is little to no research to support the use of many of these Compounded Topical Analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is no evidence for use of any muscle relaxant as a topical product. Therefore, the request is not medically necessary.

TGICE, APPLY THIN LAYER TO DIRECTED AREA TWICE DAILY AS DIRECTED BY PHYSICIAN #180gm and 30gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain Page(s): 111-11.

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

Decision rationale: According to the MTUS, there is little to no research to support the use of many of these compounded topical analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Gabapentin is not recommended. There is no peer-reviewed literature to support use. Therefore, the request is not medically necessary.