

Case Number:	CM14-0104259		
Date Assigned:	09/16/2014	Date of Injury:	09/13/2010
Decision Date:	10/16/2014	UR Denial Date:	06/14/2014
Priority:	Standard	Application Received:	07/07/2014

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 Anesthesiologist, Pain Medicine and is licensed to practice in Florida. 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 54-year-old female who reported an injury on 09/13/2010 due to an unknown mechanism. Diagnoses were cervical radiculopathy, neck pain, right knee internal derangement, right knee pain, left shoulder sprain/strain, left shoulder pain, chronic pain syndrome, tension headaches, chronic pain related insomnia, myofascial syndrome, and neuropathic pain. Physical examination on 05/08/2014 revealed complaints of right knee, right elbow, and neck pain. The injured worker rated her pain a 9/10 at that moment. It was reported that the pain averaged a 6/10. Without pain medications, the pain rated a 9/10 and with medications it was a 4/10. MRI of the cervical spine revealed a fibroid nodule, spondylotic changes and endplate sclerotic changes, at C3-4 there was moderate right and mild to moderate left neural foraminal narrowing and bilateral exiting nerve root compression secondary to a 1 mm to 2 mm posterior disc bulge, at C4-5 there was a 1 mm to 2 mm posterior disc bulge without evidence of canal stenosis or neural foraminal narrowing, at C5-6 there was moderate to severe left neural foraminal narrowing and left exiting nerve root compression secondary to a 2 mm posterior disc bulge, and at C6-7 there was moderate to severe bilateral neural foraminal narrowing and bilateral exiting nerve root compression secondary to a 2 mm to 3 mm posterior disc bulge. Medications were Gabadone, Percura, Trepadone, Nucynta, and Colace. Treatment plan was to continue medications as directed. The rationale and Request for Authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluoroflex Ointment: 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.

Decision rationale: The decision for Fluoroflex ointment is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety, and any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The efficacy of this medication was not reported. The request does not indicate a frequency or a quantity for the medication. The clinical information submitted for review does not provide evidence to justify continued use. Therefore, this request is not medically necessary.