

Case Number:	CM14-0105973		
Date Assigned:	07/30/2014	Date of Injury:	08/20/2013
Decision Date:	08/29/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/09/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 36 year-old male who reported injury on 08/20/2013. He sustained injuries to the mid and low back while working as a carrier at [REDACTED] overnight. The injured worker stated he had to deliver the boxes to an auto dealership, and he lifted and carried two boxes that weighed 20 to 30 pounds and all of these boxes were against the wall in a storage room, when he then began experiencing a burning sensation and a pop in his lumbar spine. The injured worker's treatment history included x-rays, physical therapy, medications, MRI, and EMG/NCV studies. The injured worker was evaluated on 07/25/2014, and it was documented that the injured worker complained of pain in his middle back, lower back, and right leg. His pain level was a 7-8/10. His pain was sharp, burning, and sometimes throbbing. He had some relief with laying on his right side. The pain interrupts his sleep. He had completed 3/8 physical therapy sessions. Physical therapy caused pain with stretching. He was complaining of right thigh numbness off and on and because of the numbness of the right interior thigh, his leg gave out and he fell twice in his home. The injured worker noted he doesn't feel like the creams helps and the medication helped relieve his pain except for muscle relaxers. Physical examination of the lumbar spine was positive for tender to palpation of the paralumbar region. Flexion to knees was 15 degrees, left lateral flexion was 30 degrees, and right lateral flexion was 20 degrees. Symptoms included low back pain, thoracolumbar myoligamentous sprain/strain, and thoracolumbar myofascial pain. Medications included Norco, Prilosec, Norflex, Naftin, Flurlido-A cream, and Ultraflex-G cream. Request for authorization dated for 07/29/2014 was for Flurlido-A cream and Ultraflex-G cream, however the rationale was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurlido-A cream with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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

Decision rationale: The MTUS guidelines state that transdermal compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesia is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The guidelines note muscle relaxants are not recommended for topical application. There is no peer-reviewed literature to support use of Gabapentin in topical form. Lidocaine is only recommended for localized pain after there has been evidence of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica). The guidelines do not recommend the use of muscle relaxants or Gabapentin for topical application, the medication would not be indicated. Additionally, the provider's request did not indicate the dose, frequency, or quantity of the cream in the request as submitted. As such, the request for Flurlido-A cream with 3 refills is considered not medically necessary.

Ultraflex-G cream with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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

Decision rationale: The MTUS guidelines state that transdermal compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesia is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The guidelines note muscle relaxants are not recommended for topical application. There is no peer-reviewed literature to support use of Gabapentin in topical form. Lidocaine is only recommended for localized pain after there has been evidence of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica). The guidelines do not recommend the use of muscle relaxants or Gabapentin for topical application, the medication would not be indicated. Additionally, the provider's request did not indicate the dose, frequency, or quantity of the cream in the request as submitted. As such, the request for Ultraflex-G cream with 3 refills is considered not medically necessary.

