

Case Number:	CM14-0010892		
Date Assigned:	02/21/2014	Date of Injury:	05/20/2005
Decision Date:	06/26/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	01/27/2014

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 Management, 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 female patient with a date of injury of May 20, 2005. A utilization review determination dated January 10, 2014 recommends non-certification of a consultation with a psychiatrist, Fluriflex (flurbiprofen/cyclobenzaprine 15/10%) cream 180 g to be applied to the affected area twice daily, and TGIce (tramadol/gabapentin/menthol/camphor 8/10/2/2%) cream 180 mg to be applied to affected area. Non-certification is recommended for the psychiatric consultation there appears to have never been any attempt to treat signs and symptoms of depression from a primary care standpoint, there is no evidence of current details regarding objective signs and descriptions of psychological symptoms, and the medical necessity of a psychiatric consultation has not been established. Noncertification is recommended for Fluriflex cream and TGIce cream because of lack of documentation to indicate that the patient has intolerance to oral pain medications at needs alternative treatment in the form of topical analgesic, also there is no documentation of failed trials of antidepressants and anticonvulsants, the guidelines do not support topical NSAIDs (non-steroidal anti-inflammatory drugs), muscle relaxants, and anticonvulsants because there is little to no evidence proving safety and efficacy. Furthermore, any compounded product that contains at least one drug that is not recommended is not recommended. A progress note dated December 31, 2013 identifies subjective complaints of persistent neck and low back symptomology, right shoulder greater than left shoulder pain; and bilateral elbow, forearms, and hands and wrists pain. Physical examination of the cervical spine reveals spasming tenderness in the paraspinal muscles, pain with motion, and a positive Spurling's maneuver. Examination of the right shoulder reveals limited abduction at 120°, forward flexion at 120°, anterior and posterior acromioclavicular joint tenderness, positive Neer's and Hawkins' maneuvers, and positive impingement sign. Diagnoses include cervical strain, C5-6 discopathy with bulging disc and central canal stenosis, multilevel cervical spondylosis at C3-

4, C4-5, C5-6, chronic cervicgia with left upper extremity radicular symptoms, status post left shoulder surgery, status post bilateral carpal tunnel release surgeries, right shoulder partial rotator cuff tear with acromioclavicular joint arthrosis, left shoulder impingement syndrome with subacromial bursitis and acromioclavicular joint arthrosis, lumbar strain, lumbar discopathy, status post excisional biopsy - non-industrial, cervical hyper flexion/hyperextension injury secondary to motor vehicle accident on June 2, 2009, lumbar hyper flexion/hyperextension injury secondary to motor vehicle accident on June 2, 2009, anxiety, and depression. The treatment plan recommends authorization for surgical intervention with [REDACTED] in regards to the right shoulder, a psychiatric consultation and treatment for patients ongoing depression, refill of Norco 5/325 one by mouth every 6 to 8 hours for severe pain quantity of 60 with three refills, tramadol 50 mg one by mouth twice daily for pain quantity of 60 with three refills, Fluriflex 180gm, and TGIce cream 180gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONSULTATION WITH PSYCHIATRIST: 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, PSYCHOLOGICAL TREATMENTS,

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 391 and 398.

Decision rationale: Regarding the request for referral to psychiatrist for consultation, California MTUS does not address this issue. ACOEM supports consultation if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Within the documentation available for review, the patient has not undergone any screening assessment for depression, there is no documentation detailing the patient's depression signs and symptoms, and there is no statement indicating how the treating physician has attempted to address the psychiatric issues prior to consideration for referral. The request for a consultation with a psychiatrist is not medically necessary or appropriate.

FLURIFLEX(FLURBIPROFEN/CYCLOBENZAPRINE 15/10%) CREAM 180 GRAMS - TO BE APPLIED TO AFFECTED AREA TWICE DAILY: 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 ANALGESICS,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. §§9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 111-112 of 127.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that any compounded product that contains at least one drug or drug class that is not recommended, is not recommended. Regarding the use of topical nonsteroidal anti-inflammatory, guidelines state that the efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs (non-steroidal anti-inflammatory drugs) have been shown in meta-analysis to be superior to placebo during the 1st 2 weeks of treatment of osteoarthritis, but either not afterwards, or with the diminishing effect over another two-week period. Within the documentation available for review, there is no indication that the patient is unable to tolerate oral NSAIDs. Oral NSAIDs have significantly more guideline support compared with topical NSAIDs. Additionally, there is no indication that the topical NSAID is going to be used for short duration. Regarding the use of cyclobenzaprine topically, the guidelines state that there is no evidence for the use of any muscle relaxants as a topical product. There are also no statements, within the documentation, of improvement of pain with the use of Fluriflex cream. The request for Fluriflex (flurbiprofen/cyclobenzaprine 15/10%) cream 180 grams is not medically necessary or appropriate.

TGICE(TRAMADOL/GABAPENTIN/MENTHOL/CAMPHOR 8/10/2/2%) CREAM 180 GRAMS - TO BE APPLIED TO THE AFFECTED AREA: 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 ANALGESICS,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. §§9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 111 of 127.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that 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 antiepileptic drugs, such as gabapentin, as a topical product or of topical tramadol. There is also no recommendation for the use of menthol or camphor. Also, there is no indication that the patient has been intolerant to or did not respond to other treatments prior to the initiation of TGIce cream. There is also no documentation of pain relief from use of TGIce cream. Finally, there is no statement indicating why Tramadol is recommended in the topical form instead of the oral form which has significantly more guideline and literature support. The request for TGIce (tramadol/gabapentin/menthol/camphor 8/10/2/2%) cream 180 grams is not medically necessary or appropriate.