

Case Number:	CM14-0011910		
Date Assigned:	02/21/2014	Date of Injury:	11/16/2000
Decision Date:	08/04/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	01/29/2014

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:

Patient is a 57-year-old who has submitted a claim for s/p posterior lumbar interbody fusion, L4-L5 and L5-S1 with hardware related pain and residual radiculopathy, psychological difficulties, s/p lumbar spine hardware removal and thoracic pain with rib pain referral associated with an industrial injury date of November 16, 2000. Medical records from 2013 were reviewed which revealed severe upper back and low back pain graded 7/10. She took Norco however; it did not help to alleviate her symptoms. Physical examination showed tenderness to upper trapezium as well as thoracolumbar region. Range of motion was limited with positive sciatic stretch. Lumbar spine revealed tenderness, spasm and tightness. Treatment to date has included posterior lumbar interbody fusion and lumbar spine hardware removal. Medications taken include Norco, Tizanidine, Omeprazole and Ultram. Utilization review from January 22, 2014 denied the requests for Norco, Fluriflex cream and TGLCE cream. Regarding Norco, it was denied because patient has not returned to work and there was no indication that this medication has improved patient functioning. Regarding Fluriflex cream and TGLCE cream, these topical medications were denied because guidelines stated that any compounded product that contains at least one drug that is not recommended is not recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP (Norco) 10/325mg, ninety count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potential aberrant (or non-adherent) drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the earliest progress report stating the patient's usage of Norco was dated July 2013. There is no documentation on the pain relief (in terms of pain scale) and functional improvement (in terms of specific activities of daily living) that the patient can perform attributed to the use of opioids. The Chronic Pain Medical Treatment Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Hydrocodone/APAP (Norco) 10/325mg, ninety count, is not medically necessary or appropriate.

Fluriflex cream 150 gm: Upheld

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

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. Fluriflex cream contains 2 active ingredients; Flurbiprofen and Cyclobenzaprine. Regarding Flurbiprofen, the Chronic Pain Medical Treatment Guidelines supports a limited list of topical NSAIDs (non-steroidal anti-inflammatory drugs) which does not include Flurbiprofen. Regarding Cyclobenzaprine, guidelines state that there is no evidence to support the use of cyclobenzaprine as a topical compound. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is no discussion in the documentation concerning the need for use of unsupported topical analgesics. Therefore, the request for Fluriflex cream 150 gm is not medically necessary or appropriate.

TGIce cream 180 gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter; Salicylate Topicals.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. TGLCE cream contains 4 active ingredients; Tramadol, Gabapentin, Menthol and Camphor. Regarding Tramadol, is indicated for moderate to severe pain, but is likewise not recommended for topical use. Regarding Gabapentin, the Chronic Pain Medical Treatment Guidelines does not support the use of gabapentin as a topical formulation. Regarding Menthol component, Regarding the Menthol component, the Chronic Pain Medical Treatment Guidelines does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is no discussion in the documentation concerning the need for use of unsupported topical analgesics. Therefore, the request for TGIce cream 180 gm is not medically necessary or appropriate.