

Case Number:	CM14-0014791		
Date Assigned:	02/28/2014	Date of Injury:	06/27/2003
Decision Date:	08/01/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	02/05/2014

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 Internal 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:

This is a 50-year-old male with a 6/27/03 date of injury. The mechanism of injury was not noted. In a 11/26/13 progress note, the patient complained that his right shoulder was still quite stiff, but his main problem was pain in the right trapezius muscle, the right side of the neck, and the paracervical musculature. He also complained of pain in the right arm, hand, and fingers. On physical examination of the cervical spine, head compression sign remains positive. There is tenderness on palpation of the paravertebral and trapezius muscles with spasms noted. The right shoulder is tender to palpation of the acromioclavicular joint. Crepitus is noted on motion. Diagnostic impression: Cervical spine discopathy, status post fusion, right shoulder impingement syndrome, status post right shoulder arthroscopy and subacromial decompression, lumbar spine discopathy. Treatment to date: medication management, activity modification, surgery. In a UR decision dated 1/7/14 denied the request for Flurflex ointment. Flurflex is a topical compounded product containing the NSAID flurbiprofen. The NSAIDs are not recommended for the treatment of spine, hip, or shoulder conditions. Given that the patient has a shoulder and cervical conditions, treatment with this product is not medically necessary. It is noted the patient has a diagnosis of hepatitis and may not take certain drugs; however, this does not change the fact that topical NSAIDs are not recommended for treatment of cervical and shoulder conditions based on lack of demonstrated efficacy. Regarding TGIce cream, this is a topical product containing gabapentin, tramadol, capsaicin, menthol, and camphor. As this topical compounded product contains ingredients that are not recommended or are not supported by scientific literature, this request is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

TOPICAL COMPOUNDED FLURFLEX OINTMENT 180GM: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 111-113.

Decision rationale: An online search has revealed that Fluriflex ointment/cream is a combination of Flurbiprofen/Cyclobenzaprine 15/10%. CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. This compound contains topical cyclobenzaprine and Flurbiprofen, which are not currently supported by MTUS and ODG guidelines. A specific rationale identifying why Fluriflex would be required in this patient despite lack of guidelines support was not provided. Therefore, the request for Topical Compounded Fluriflex Ointment 180 gm is not medically necessary.

TOPICAL COMPOUNDED TGICE CREAM 180GM: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 25,28, 111-113.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, Boswellia Serrata Resin, and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. According to the prior UR decision dated 1/7/14, TGIce cream is a topical product containing gabapentin, tramadol, capsaicin, menthol, and camphor. Guidelines do not support the use of gabapentin in a topical formulation. In addition, the strength of capsaicin is not noted, guidelines do not support the use of capsaicin in strengths greater than 0.025% in a topical formulation. There is no rationale provided documenting the necessity of this product for this patient despite lack of guideline support. Therefore, the request for Topical Compounded TGIce Cream 180 GM is not medically necessary.