MAXIMUS Federal Services

| Case Number: | CM14-0016162 | | |
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| Date Assigned: | 03/05/2014 | Date of Injury: | 04/17/2013 |
| Decision Date: | 04/23/2014 | UR Denial Date: | 01/27/2014 |
| Priority: | Standard | Application Received: | 02/08/2014 |

## 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 Pediatric Rehabilitation Medicine and is licensed to practice in Texas. 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 patient is a 38-year-old male who reported his work injury on 04/17/2013. The mechanism of injury was reported as a twisting injury to the neck and low back. There was an MRI of the spine without contrast dated 08/02/2013. The impression was overall very mild multilevel discogenic degenerative changes without central canal stenosis identified throughout the cervical spine and mild multilevel foraminal narrowing, as outlined. At C2-3, the disc is normal in height. No significant disc bulge or herniation was identified. At C3-4, the disc was normal height. There was a normal minimal broad disc osteophyte complex without central canal stenosis. At C4-5, the disc was normal height. There was a minimal broad disc osteophyte without central canal stenosis. At L3-4, the disc was normal in height and signal intensity. There was mild generalized disc bulging resulting in mild acquired central canal stenosis. AP canal diameter was 9.4 mm. No foraminal narrowing was identified. At L4-5, the disc was normal in height, but mildly diminished in intranuclear disc T2 signal intensity. There was minimal generalized disc bulging without central canal stenosis or foraminal narrowing identified. At L5-S1, the disc was normal in height and signal intensity. There was minimal posterior disc bulging without central canal stenosis or foraminal narrowing identified. The office visit dated 06/12/2013 reported that the patient complained of neck and low back pain. The patient had a chief complaint of neck pain, which remained primarily localized to the neck with some radiation to the shoulder. He denied weakness, numbness or tingling in his arms. He complained of weakness of the neck and upper extremities. The patient complained of marked low back pain, which primarily localized to the low back with radiation to the right leg. He complained of numbness and tingling of the right leg. The patient denied any increased pain with the Valsalva maneuver. He denied any bowel or bladder dysfunction. The patient denied

any prior surgeries to this injury. The patient was not currently taking any medications. On the examination, it was noted that the patient had tenderness present along the trapezius muscle bilaterally. There was no associated spasm, thickening or nodularity. In regards to the thoracolumbar spine, forward flexion was accomplished to 70 degrees with the fingertips failing to touch the toes by 10 cm. Reversal of the lumbar lordosis was full. Arising from a full forward flexed position is accomplished with some difficulty. Pain upon rising was reported. The clinical note stated that the supine straight leg raise test was positive on the right side at 60 degrees and that the active straight leg raise test was positive on the right side at 60 degrees.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE THERAFLEX TRANSDERMAL CREAM 20% (FLURBIPROFEN) FOR DOS 1/8/2014:** 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.

**Decision rationale:** The California MTUS states that topical analgesics are largely experimental in use, with few randomized controlled trials to determine their effectiveness or safety; also, they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include the lack of systemic side effects, absence of drug interactions and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control; however, there is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug (or drug class) that is not recommended therefore is not recommended. The documentation provided showed no failed conservative treatment. The Flurbiprofen ingredient in the Theraflex transdermal cream 20% is on the nonselective NSAIDs list. Therefore, the request is non-certified.

**RETROSPECTIVE KERATEK GEL 4OZ FOR DOS 1/8/2014:** 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): 105 & 111-113.

**Decision rationale:** The California MTUS states that topical analgesics are largely experimental in use, with few randomized controlled trials to determine efficacy or safety; also, they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include the lack of systemic side effects, absence of drug interactions and no need to titrate. Many agents

are compounded as monotherapy or in combination for pain control; however, there is little to no research to support the use of many of these agents. The ingredients in the Keratek gel of the menthol and the methyl salicylate are recommended, but due to the lack of documentation for objective concerns and the lack of documentation showing failed conservative treatment for medications; the request is non-certified.