

Case Number:	CM14-0017439		
Date Assigned:	04/14/2014	Date of Injury:	11/20/2007
Decision Date:	05/30/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	02/11/2014

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 and Pain Management, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma and 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 injured worker is a 56-year-old male who reported an injury on 11/20/2007 due to an assault. The injured worker's treatment history included surgical intervention, physical therapy, epidural steroid injections, corticosteroid injections, and multiple medications. The injured worker was monitored for aberrant behavior with urine drug screens. The injured worker was evaluated in 07/2013. It was documented that his medication schedule included Norco 10/325 mg, Flexeril 10 mg, and Senokot. It was documented that the injured worker's medications provided 100% pain relief. The injured worker was seen by another physician on 07/25/2013 and was prescribed FluoroFlex and a Medrox patch. The injured worker was seen on 03/2014 by the prescribing physician. Physical findings included cervical tenderness to palpation with restricted range of motion and a positive compression test. Evaluation of the bilateral shoulders noted tenderness to palpation with restricted range of motion. The injured worker's diagnoses included cervical spondylitis and disc herniation, and bilateral shoulder pain status post rotator cuff surgery. The injured worker's treatment plan included a delay in physical therapy and medications to include FluoroFlex 180 mg, TGHOT 180 mg, Xanax 10 mg at bedtime, and Norco 7.5/325 as needed for pain; and cervical spine trigger point injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

MED FLURIFLEX 180MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 71.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The requested medication FluriFlex 180 mg is not medically necessary or appropriate. This is a compounded medication with Flurbiprofen and cyclobenzaprine. California Medical Treatment Utilization Schedule does not recommend the long-term use of non-steroidal anti-inflammatory drugs in a topical formulation, as the efficacy Transcutaneous Electrical Nerve Stimulation (TENS) to diminish. The clinical documentation submitted for review does indicate that the injured worker has been on this medication for a duration longer than the recommended 4 weeks. Additionally, California Medical Treatment Utilization Schedule does not recommend the use of cyclobenzaprine as a topical analgesic, as there is little scientific data to support the efficacy and safety of this medication. California Medical Treatment Utilization Schedule states that any compounded medication that contains at least 1 drug or drug class that is not supported by guideline recommendations is not recommended. Also, the request as it is submitted does not include a frequency or duration of treatment. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested medicine FluriFlex 180 mg is not medically necessary or appropriate.

TGHOT 180 MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 71.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60 & 105. Decision based on Non-MTUS Citation Effectiveness of topical administration of opioids in palliative care: a systematic review; B LeBon, G Zeppetella, IJ Higginson - Journal of pain and symptoms, 2009-Elsevier.

Decision rationale: The requested TGHot 180 mg is not medically necessary or appropriate. The requested medication is a compounded topical analgesic that contains tramadol, Gabapentin, menthol, camphor, and capsaicin. California Medical Treatment Utilization Schedule does support the use of topical salicylates in the management of osteoarthritic-related pain. However, peer-reviewed literature indicates that topical opioids are not supported due to lack of scientific evidence to support the efficacy and safety of this medication. Also, California Medical Treatment Utilization Schedule does not recommend the use of Gabapentin as a topical analgesic, as it is not supported by scientific evidence as a safe formulation of this medication. Also, California Medical Treatment Utilization Schedule does not recommend capsaicin as a topical analgesic unless the injured worker had failed to respond to other first-line chronic pain management treatments. The clinical documentation submitted for review does not indicate that the injured worker had failed to respond to other first-line medications to include an antidepressant or anticonvulsants. Therefore, the use of capsaicin is not supported. As such, the requested TGHot 180 mg is not medically necessary or appropriate.

