

Case Number:	CM14-0110938		
Date Assigned:	09/16/2014	Date of Injury:	01/09/2002
Decision Date:	10/21/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	07/16/2014

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 is licensed to practice in Nevada. 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 records presented for review indicate that this 47 year-old individual was reportedly injured on January 9, 2002. The mechanism of injury is noted as a lifting type event. The most recent progress note, dated July 22, 2014, indicates that there were ongoing complaints of neck and low back pain. The physical examination demonstrated a 5'9", 166 pound individual reported to be in no acute distress. A normal gait pattern is reported. There was tenderness to palpation cervical spine, a slight decrease in cervical spine range of motion. Motor and sensory are intact. There is a slight decrease in lumbar spine range of motion, sensation is slightly altered, and deep tendon reflexes are noted to be 2/2 throughout both lower extremities. Diagnostic imaging studies were not discussed in this narrative. Previous treatment includes lumbar fusion surgery, multiple medications, postoperative rehabilitation, conservative care for the cervical spine, and other pain management interventions. A request made for Fluriflex 15/10% and TG Hot 8/10/22/0.5% was denied in utilization review on June 17, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluriflex 15/10%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

Decision rationale: MTUS guidelines state that topical analgesics are "largely experimental" and that "any compound product that contains at least one drug (or drug class) that is not recommended, is not recommended". Additionally, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Based on the documentation presented for review, there is no objectification or data presented to suggest that this medication has had any efficacy or utility. There is no increase in functionality or decrease in pain complaints noted. As such, this request is not considered medically necessary.

TG Hot 8/10/22/0.5%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

Decision rationale: MTUS Chronic Pain Guidelines state that topical analgesics are "largely experimental" and "any compound product that contains at least one drug (or drug class) that is not recommended is not recommended". The guidelines indicate Gabapentin is not recommended for topical application. Additionally, the guidelines recommend the use of Capsaicin only as an option for patients who are intolerant of other treatments and there is no indication that an increase over a 0.025% formulation would be effective. There is no documentation in the records submitted indicating the claimant was intolerant of other treatments. The request for topical TGHot is not in accordance with the MTUS guidelines; therefore, the request for TGHot Cream is not medically necessary.