

Case Number:	CM14-0157334		
Date Assigned:	09/30/2014	Date of Injury:	04/11/2014
Decision Date:	10/28/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	09/25/2014

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 Interventional Spine 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:

The patient is a 52-year-old female with date of injury of 04/11/2014. The listed diagnoses per [REDACTED] from 07/09/2014 are cervical musculoligamentous strain/sprain with radiculitis, Thoracic spine musculoligamentous sprain/strain, Lumbar spine musculoligamentous sprain/strain, Bilateral shoulder sprain/strain, rule out right shoulder internal derangement AND Right shoulder tendinosis. According to this report, the patient complains of neck, mid/upper back, lower back, and bilateral shoulder pain. She rates her pain in the neck and mid/upper back 6/10, lower back and left shoulder 3/10, and right shoulder 7/10 on the pain scale. The examination shows grade 2 to 3 tenderness to palpation over the paraspinal muscles in the cervical and thoracic spine, which have remained the same since her last visit. Cervical compression test is positive. Grade 1 to 2 tenderness to palpation over the paraspinal muscles of the lumbar spine. There is restrictive range of motion in the lumbar spine. Straight leg raise is positive bilaterally. There are no changes in the neurocirculatory examination. The utilization review denied the request 09/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluriflex 180gm: Upheld

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

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

Decision rationale: This patient presents with neck, mid/upper back, low back, and bilateral shoulder pain. The treater is requesting FluriFlex 180 mg. The MTUS Guidelines page 111 on topical analgesics state that it is largely experimental in use with few randomized control trials to determine efficacy or safety. It is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. MTUS also states, "Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended." FluriFlex cream is a combination of flurbiprofen 15% and cyclobenzaprine 10%. The records show that the patient was prescribed topical medications on 07/09/2014; however, specificity of the said topical compound was not noted. In this case, cyclobenzaprine is not recommended as a topical compound. Recommendation is for denial.

TG Hot 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 topical analgesics Page(s): 111.

Decision rationale: This patient presents with neck, mid/upper back, low back, and bilateral shoulder pain. The treater is requesting TGHot 180 mg. The MTUS Guidelines page 111 on topical analgesics state that it is largely experimental in use with few randomized control trials to determine efficacy or safety. It is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. MTUS also states, "Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended." TGHot cream is a combination of tramadol/gabapentin/menthol/camphor/capsaicin. In this case, both tramadol and gabapentin compounds are not recommended in topical formulation. Recommendation is for denial.