

Case Number:	CM14-0165028		
Date Assigned:	10/10/2014	Date of Injury:	02/03/2011
Decision Date:	12/03/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	10/07/2014

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 Occupational 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:

The patient is a 56 year-old female with date of injury 02/03/2011. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 07/11/2014, lists subjective complaints as low back and left hip pain. Objective findings: Examination of the lumbar spine revealed tenderness to palpation of the paravertebral muscles from the thoracolumbar spine down to the base of the pelvis. The musculature was noted to be tight bilaterally. The buttocks were tender. Patient was unable to squat fully due to pain. Patient had tenderness on stress of the pelvis which indicated mild sacroiliac joint symptomology. Range of motion was restricted in flexion and extension. Weakness against leg extension and decreased sensation in the L5-S1 dermatomes. Diagnosis: 1. Lumbar strain 2. L5-S1 significant discopathy 3. Left hip bursitis and arthritis 4. Significant hip arthrosis per x-ray 5. Status post hernia surgery 6. Anxiety and depression 7. Gastrointestinal sleep problems 8. Sleep problems. The medical records supplied for review document that the patient has been taking Hydrocodone and Norco for at least as far back as four months. The two compound medicated creams were prescribed on 07/11/2014. Medications: 1. Hydrocodone 5/300, #60 SIG: 1 tab PO Q 8H 2. TGHOT Cream, 240 grams SIG: BID 3. Flurilex Cream, 240 grams SIG: BID 4. Norco 5mg, #60 SIG: PO Q 8H.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE 5/300MG 1 TAB P.O Q 8 H #60, REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-94.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of narcotics, the patient has reported very little functional improvement over the course of last 4 months. HYDROCODONE 5/300MG 1 TAB P.O Q 8 H #60, REFILLS is not medically necessary.

TGHOT 240GM CREAM TO APPLY A THIN LAYER ON AFFECTED AREA BID #2:
Upheld

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

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

Decision rationale: TG Hot is a compounded medication with the ingredients Tramadol/Gabapentin/Menthol/Camphor/Capsaicin, 8/10/2/.05%. One of the ingredients is gabapentin. According to the MTUS, there is little to no research to support the use of many of these Compounded Topical Analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Gabapentin is not recommended. There is no peer-reviewed literature to support use. TGHOT 240GM CREAM TO APPLY A THIN LAYER ON AFFECTED AREA BID #2 is not medically necessary.

FLURILEX 240GM CREAM TO APPLY A THIN LAYER TO AFFECTED AREA 2X DAILY #2: Upheld

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

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

Decision rationale: FluriFlex is a compounded medication containing Flurbiprofen/Cyclobenzaprine 15/10%. Cyclobenzaprine as a muscle relaxant. According to the MTUS, there is little to no research to support the use of many of these Compounded Topical Analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is no evidence for use of any muscle relaxant as a topical product. FLURILEX 240GM CREAM TO APPLY A THIN LAYER TO AFFECTED AREA 2X DAILY #2 is not medically necessary.

NORCO 5MG, PO Q 8H, # 60 WITH 2 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 76-78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-94.

Decision rationale: This request is a duplication of the request above. The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of narcotics, the patient has reported very little functional improvement over the course of the last 4 months. NORCO 5MG, PO Q 8H, # 60 WITH 2 REFILLS is not medically necessary.