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| Case Number: | CM14-0166056 | | |
| Date Assigned: | 10/28/2014 | Date of Injury: | 01/27/2012 |
| Decision Date: | 12/04/2014 | UR Denial Date: | 09/11/2014 |
| Priority: | Standard | Application Received: | 10/08/2014 |

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 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 72-year-old female with an injury date of 01/27/12. Based on the 08/28/14 progress report provided by [REDACTED] the patient complains of neck, mid/upper back and lower back pain rated 7-8/10. Physical examination revealed tenderness to palpation to the cervical, thoracic and lumbar spines. She has been prescribed FluriFlex and TGHot topical medications "to minimize possible neurovascular complications, and to avoid complications associated with the use of narcotic medications, as well as upper G.I. bleeding from the use of NSAIDs medications." Diagnosis 08/28/14- exacerbation of cervical spine pain- cervical spine discogenic disease with radiculitis- exacerbation of thoracic spine pain- exacerbation of lumbar spine pain- lumbosacral spine discogenic disease with radiculitis The utilization review determination being challenged is dated 09/26/14. [REDACTED] is the requesting provider and he provided treatment reports from 05/01/13 - 08/28/14

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound #1; Flurbiprofen powder; Cyclobenzaprine powder; and Alba-Derm cream:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

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

Decision rationale: The patient presents with neck, mid/upper back and lower back pain rated 7-8/10. The request is for compound #1- Flurbiprofen powder, cyclobenzaprine powder, alba-derm cream. Her diagnosis dated 08/08/14 included exacerbation of pain to the cervical, thoracic and lumbar spines and discogenic disease with radiculitis to the cervical and lumbosacral spines. The provider states in progress report dated 08/28/14, that she has been prescribed FluriFlex and TGHOT topical medications "to minimize possible neurovascular complications, and to avoid complications associated with the use of narcotic medications, as well as upper G.I. bleeding from the use of NSAIDs medications." MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Non-steroidal ant inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period." A review of reports does not show documentation that patient presents with osteoarthritis. More importantly, Flexeril is not recommended for topical use per MTUS. This request is not medically necessary.

Compound # 2; Tramadol HCL powder; Gabapentin powder; Menthol crystals; Camphor crystals, Capsaicin powder, and Alba-Derm Cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

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

Decision rationale: The patient presents with neck, mid/upper back and lower back pain rated 7-8/10. The request is for compound #2- tramadol HCl powder, gabapentin powder, menthol crystals, camphor crystals, capsaicin powder, alba-derm cream. Her diagnosis dated 08/28/14 included exacerbation of pain to the cervical, thoracic and lumbar spines and discogenic disease with radiculitis to the cervical and lumbosacral spines. The provider states in progress report dated 08/28/14, that she has been prescribed FluriFlex and TGHOT topical medications "to minimize possible neurovascular complications, and to avoid complications associated with the use of narcotic medications, as well as upper G.I. bleeding from the use of NSAIDs medications." MTUS has the following regarding topical creams (p111, chronic pain section): "Recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. It is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004). Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended

is not recommended.in- Gabapentin: Not recommended. There is no peer-reviewed literature to support use." The requested compound is TG Hot cream and it includes Gabapentin in its formulation. Gabapentin is not recommended by MTUS guidelines. This request is not medically necessary.