

Case Number:	CM14-0174881		
Date Assigned:	10/28/2014	Date of Injury:	09/29/2012
Decision Date:	12/04/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/22/2014

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:

This injured worker is a 37 year old male with an injury date of 9/29/12. Based on the 8/27/14 progress report by [REDACTED], this injured worker complains of "headaches as well as pain in the mid/upper back, lower back and left elbow/forearm" and "pain and numbness in the left wrist/hand." He also complains of "pain in the neck that radiates in the pattern of bilateral C6 and C7 dermatones." On a scale of 0 to 10, with 10 representing the worst, this injured worker's headaches are 7-8/10 (7/10 at last visit), 7/10 in the neck and mid/upper back (8/10 at last visit), 6/10 in the lower back and left elbow/forearm (7/10 at the last visit), and 8/10 in the left wrist/hand (same since the last visit). Exam of the: - Cervical spine: grade 2 tenderness to palpation over the paraspinal muscles (grade 3 on previous visit) and 2-3 palpable spasm over the paraspinal muscles (3 at last visit); restricted range of motion with a positive cervical compression test - Thoracic spine: grade 2 tenderness to palpation and 2 palpable spasm over the paraspinal muscles (same since the last visit) - Lumbar spine: grade 2 tenderness to palpation and 2 palpable spasm over the paraspinal muscles (3 at last visit); restricted range of motion - Left elbow: grade 2 tenderness to palpation (same since the last visit) - Left forearm: grade 2 tenderness to palpation (same since the last visit) - Left hand: grade 2 tenderness to palpation (same since the last visit) - Neurological: no changes on neurocirculatory examination Diagnostic impressions: 1. Status post blunt head injury. 2. Facial contusion. 3. Facial laceration with subsequent symptoms. 4. Vision problems. 5. Nasal trauma. 6. Cervical spine sprain/strain. 7. Thoracic spine musculoligamentous strain/sprain. 8. Lumbar spine musculoligamentous strain/sprain with radiculitis. 9. Lumbar spine disc protrusion, per MRI. 10. Status post lumbar spine surgery dated 07/17/13. 11. Left elbow olecranon bursitis. 12. Left forearm internal derangement. 13. Left forearm/wrist radius

fracture, status post external fixation with subsequent non-union. 14. Left wrist triangular fibrocartilage complex tear, ulnar styloid non-union per MRI. 15. Status post left wrist surgery dated 05/19/14. 16. Depression/anxiety, situational. 17. Sleep disturbance secondary to pain. Work status as of 10/15/14: TTD. The utilization review being challenged is dated 10/07/14. The request is for Fluriflex 180 gm and TG Hot Cream 180 gm; both of which were previously denied based on MTUS guidelines, which do not recommend the use of compounded topical products. The requesting provider is [REDACTED] and he has provided various reports from 1/08/14 to 10/18/14.

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 Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: This injured worker presents with ongoing headaches, mid/upper back pain, low back pain, and left elbow/forearm pain. The treating physician requests Fluriflex 180 gm. MTUS guidelines states: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Fluriflex is a compound of Flurbiprofen 15% and cyclobenzaprine 10%. MTUS states "Baclofen and other muscle relaxants are not recommended as a topical product." Given that muscle relaxants are not recommended as topical products, and Cyclobenzaprine is a component of the topical Fluriflex, the request is not medically necessary.

TG Hot cream 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: This injured worker presents with ongoing headaches, mid/upper back pain, low back pain, and left elbow/forearm pain. The treating physician requests TG Hot Cream 180 gm. Regarding topical analgesics, MTUS state they are "largely experimental in use with few randomized controlled trials to determine efficacy or safety, and recommends for neuropathic pain when trials of antidepressants and anticonvulsants have failed." Also, MTUS guidelines state: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Given that Gabapentin (and any other antiepilepsy drugs)

are not recommended as a topical product, as a component of TG Hot Cream, the request is not medically necessary.