

Case Number:	CM14-0021209		
Date Assigned:	05/07/2014	Date of Injury:	01/28/2002
Decision Date:	08/04/2014	UR Denial Date:	01/20/2014
Priority:	Standard	Application Received:	02/20/2014

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:

This is a 46-year-old male with a 1/28/08 date of injury. The mechanism of injury was not noted. In a 4/12/14 progress note, the patient complained of aching pain in the neck, aching pain in both shoulders, aching pain in both wrists associated with numbness, burning and aching pain in the mid to low back, and aching pain in both knees. He noted pain with prolonged walking, standing, and sitting. Objective findings: tenderness of spine from the thoracolumbar spine down to the base of the pelvis, paralumbar musculature is slightly tight bilaterally, buttocks are tender, tenderness is present over the medial and lateral aspects of knees, mildly reduced range of motion. Diagnostic impression: Upper extremity synovitis, Lateral epicondylitis, Lumbar discopathy, Knee arthrosis and ankle pain. Treatment to date: medication management, activity modification, chiropractic therapy, physical therapy. A prior UR decision dated 1/20/14 denied the requests for FluriFlex cream and TGIce cream. Fluriflex cream is a combination of flurbiprofen and cyclobenzaprine. There is no support for flurbiprofen or cyclobenzaprine as topical products, therefore, the whole compound cream cannot be recommended. TGIce cream is not medically supported. There are no guidelines which support the topical application of tramadol and gabapentin.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF TOPICAL COMPOUNDED FLURIFLEX 15/10% CREAM, #180GM: 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): 111-113.

Decision rationale: An online search has revealed that Fluriflex ointment/cream is a combination of Flurbiprofen/Cyclobenzaprine 15/10%. The California MTUS Chronic Pain Medical Treatment Guidelines state that Ketoprofen, Lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, Baclofen and other muscle relaxants, and Gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. This compound contains topical Cyclobenzaprine and Flurbiprofen, which are not currently supported by MTUS and ODG guidelines. A specific rationale identifying why Fluriflex would be required in this patient despite lack of guidelines support was not provided. Therefore, the request for prescription of topical compounded Fluriflex 15/10% cream, #180gm was not medically necessary.

PRESCRIPTION OF TOPICAL COMPOUNDED TGIce 8/10/2/2% CREAM, #180GM:
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): 25, 28, 111-113.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines state that Ketoprofen, Lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, Baclofen, Boswellia Serrata Resin, and other muscle relaxants, and Gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. An online search has revealed that TGIce cream is a topical product containing Gabapentin, Tramadol, Capsaicin, Menthol, and Camphor. The guidelines do not support the use of Gabapentin in a topical formulation. In addition, the strength of capsaicin was not noted, and guidelines do not support the use of capsaicin in strengths greater than 0.025% in a topical formulation. There is no rationale provided documenting the necessity of this product for this patient despite lack of guideline support. Therefore, the request for prescription of topical compounded TGIce 8/10/2/2% cream, #180GM was not medically necessary.