

Case Number:	CM14-0023972		
Date Assigned:	05/12/2014	Date of Injury:	04/21/2004
Decision Date:	07/29/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/24/2014

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 Anesthesiology, has a subspecialty in Pain 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 61-year-old male with a 4/22/04 date of injury. He has a diagnosis of failed back syndrome and is status post 4 back surgeries. Progress note dated 12/4/13 described low back pain and weakness in the lower extremities. Clinically, there were spasms in the low back with reduced range of motion; antalgic gait; positive straight leg raising; and positive sciatic stretch test. Toradol intramuscular was provided. Topical agents were requested. Treatment to date has included TENS unit, PT, activity modification, Lumbar surgery x4, psychological treatment, and medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLURIFLEX CREAM 180 GM: 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 9792.24.2. Page(s): 111-113.

Decision rationale: Medical necessity for Fluriflex cream is not established. It is unclear how long the patient has been utilizing this topical agents and what functional benefit is obtained. Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine, muscle relaxants,

and antiepilepsy drugs are not recommended for topical applications. The requested Fluriflex contains muscle relaxant cyclobenzaprine. Guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The request is not medically necessary.

TG HOT CREAM 180GM: 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 9792.24.2. Page(s): 111-113.

Decision rationale: Medical necessity for the requested TG hot cream (Lidocaine/Gabapentin/Menthol/Capsaicin/Camphor is not established. This topical agent is noted to contain gabapentin/lidocaine/ capsaicin/menthol/Camphor, however Chronic Pain Medical Treatment Guidelines does not recommend the topical use of ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. It has not been discussed why the patient requires the use of a topical agent that has components that are not guideline supported, duration of use, efficacy, or reduction in PO medications attributed to this topical agent. The request is not medically necessary.