

Case Number:	CM14-0033044		
Date Assigned:	03/19/2014	Date of Injury:	06/21/1999
Decision Date:	05/08/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	03/06/2014

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 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 underlying date of injury in this case is June 21, 1999. The patient's diagnoses include lumbar disc degeneration, lumbar disc bulges at L4-L5-S1, chronic spinal pain, anxiety, depression, and diabetes. On October 9, 2013, the treating orthopedic surgeon submitted a PR-2 report. The patient reported persistent low back pain with stiffness and numbness and tingling in the lower extremities. On exam the patient had mildly reduced range of motion with spasm and tenderness. Sciatic stretching was positive, and straight leg raising was negative. The treating provider prescribed transdermals in the form of Fluriflex Cream and TGICE Cream for topical pain relief, with a general reference indicating that topical agents lack systemic side effects and drug interactions. An initial physician review opined that the medical records did not support the necessity of the requested treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

TGICE CREAM, 180GM: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that the use of compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The medical records in this case do not include such detailed discussion of the rationale for TGICE. Moreover, the component medication, gabapentin, is specifically not recommended by the guidelines for topical use. The records and guidelines do not support a rationale for this request. The request for TGICE Cream 180 grams is not medically necessary or appropriate.

FLURIFLEX CREAM, 180 GRAMS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that the use of compounded agents requires knowledge of the specific analgesics effect of each agent and how it will be useful for the specific therapeutic goal required. The medical records do not contain such detail at this time regarding the rationale for Fluriflex. Moreover, the guidelines specifically recommend that topical anti-inflammatory medications be used only for short-term or acute use, and these guidelines specifically indicate that muscle relaxants such as cyclobenzaprine are not recommended for topical use. The medical records and guidelines do not support this request. The request for Fluriflex cream, 180 grams, is not medically necessary or appropriate.