

Case Number:	CM14-0038510		
Date Assigned:	06/27/2014	Date of Injury:	09/25/2012
Decision Date:	08/25/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	04/01/2014

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 40 year old patient had a date of injury on 9/25/2012. The mechanism of injury was she was working as an eligibility worker and felt immediate onset of pain in neck when answering a large number of calls without a headset. On a progress note dated 1/10/2014, the patient complains of burning, sharp, excruciating pain in cervical spine with pain radiating to the bilateral trapezius muscles between the shoulder blades. Objective findings include tenderness of the posterior cervical and bilateral trapezial musculature. Diagnostic impression shows C6-7 disc herniation with bilateral cervical radiculopathy and cervical spondylosis. Treatment to date: medication therapy, behavioral modification. A UR decision on 3/14/2014 denied the request for Fluriflex (flurbiprofen 15% /cyclobenzaprine 10%) 180gm cream, and Tike (Tramadol 8%/Gabapentin 10%/Menthol 2% /Camphor 2%) 180gm cream, stating topical medications are experimental in use with few randomized controlled trials to determine efficacy and safety. Acupuncture therapy to the neck for 12 visits was denied, stating patient has previous attended acupuncture treatment without objective indication of functional benefits or pain relief, and on 12/16/2013, the patient was certified for 12 sessions of acupuncture treatment and specific response to treatment was not described. Retrospective Kenalog injection DOS 1/10/2014 and Retrospective Depo Medro injection DOS 1/10/2014 was denied, stating pain levels were not reported identifying an acute flare-up of symptoms, and the patient was taking Excedrin, Advil, and sometimes Motrin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluriflex (Flurbiprofen 15% / Cyclobenzaprine 10%) 180gm Cream.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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

Decision rationale: Chronic Pain Medical Treatment Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. 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). In the reports viewed, there was no documentation that the patient had failed an antidepressant or anticonvulsant. Furthermore, CA MTUS guidelines do not support muscle relaxants or Ketoprofen for topical applications. Therefore, the request for Fluriflex was not medically necessary.

Acupuncture Therapy to the Neck. twelve (12) visits.: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114.

Decision rationale: CA MTUS Acupuncture Medical Treatment Guidelines state that treatments may be extended if functional improvement is documented (a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation), for a total of 24 visits. The patient is documented to have previous acupuncture therapy on 12/13/2013 for 12 visits. However, documentation failed to show any functional improvements from these sessions. No rationale was provided as to why additional acupuncture sessions were needed. Therefore, the request for Acupuncture Therapy to the neck twelve (12) visits was not medically necessary.

TGice (Tramadol 8% / Gabapentin 10% / Menthol 2% / Camphor 2%) 180 gm Cream:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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

Decision rationale: Chronic Pain Medical Treatment Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. 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). Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Both Tramadol and Gabapentin are not supported in topical formulation, and it was not clear if the patient has failed a regimen of oral Tramadol or Gabapentin. Therefore, the request for TGice (Tramadol 8% / Gabapentin 10% / Menthol 2% / Camphor 2%) 180gm Cream is not medically necessary.

Retrospective Kenalog Injection DOS 01/10/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: www.drugs.com.

Decision rationale: Triamcinolone injection is a steroid. It prevents the release of substances in the body that cause inflammation. Triamcinolone injection is injected into the joint space to treat inflammation of the joints or tendons to treat arthritis, bursitis, or epicondylitis (tennis elbow). It is usually given in these conditions only as a short-term treatment of a severe or aggravated episode. In the reports viewed, and on the report dated 1/10/2014, there was no documentation that the patient experienced an acute exacerbation of symptoms that demonstrate the patient to have experienced severe pain. Therefore, the request for a Retrospective Kenalog Injection DOS 01/10/2014 was not medically necessary.

Retrospective Depo Medrol Injection DOS 01/10/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Oral Corticosteroids.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation the Medical Treatment Guideline or Medical Evidence: www.drugs.com.

Decision rationale: Methylprednisolone is a steroid that prevents the release of substances in the body that cause inflammation. Methylprednisolone is used to treat many different inflammatory conditions such as arthritis, lupus, psoriasis, ulcerative colitis, allergic disorders, gland (endocrine) disorders, and conditions that affect the skin, eyes, lungs, stomach, nervous system, or blood cells. In the progress report dated 1/10/2014, the patient was noted to be on

Excedrin, Advil, and sometimes Motrin. Furthermore, the patient did not identify an acute flare-up of symptoms that would justify the need for Depo-Medrol. Depo-Medrol is also not indicated for chronic pain. Therefore, the request for a Retrospective Depo Medrol Injection DOS 01/10/2014 was not medically necessary.