

Case Number:	CM14-0040082		
Date Assigned:	06/27/2014	Date of Injury:	12/10/2001
Decision Date:	08/22/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	04/04/2014

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:

The patient is a 61-year-old male who has submitted a claim for cervical disc herniation status post anterior cervical discectomy and fusion, lumbar discopathy status post posterior lumbar interbody fusion, bilateral carpal tunnel syndrome, bilateral cubital tunnel syndrome, and ulnar neuropathy associated with an industrial injury date of December 10, 2001. Medical records from 2013-2014 were reviewed. The patient complained of neck and low back pain, rated 4/10 in severity. The pain radiates to the upper and lower extremities. The pain was aggravated by cold weather and repeated activity. Physical examination showed tenderness on the paraspinous musculature of the cervical and lumbar region. There was limited range of motion of the cervical and lumbar spine. Mild shoulder elevation weakness was noted due to pain. Lumbar spine muscle spasm was positive. Sensation testing of the lower extremity was slightly abnormal. MRI of the cervical spine dated March 29, 2002 revealed 2mm retrolisthesis of C5 on C6. MRI of the lumbar spine dated January 10, 2003 showed 2mm bulge at L3-L4, 3-4mm bulge at L4-L5, and disc desiccation or degeneration at L3-L4, L4-L5, and L5-S1. Official reports of the imaging studies were not available. Treatment to date has included medications, physical therapy, aqua therapy, home exercise program, activity modification, lumbar spine fusion, cervical spine fusion, and right arm surgery. Utilization review, dated March 7, 2014, denied the requests for Fluriflex cream 180gm because guidelines indicate that there is little to no research to support its use; and TGIce cream 180gm because guidelines state that all products in a compound must be recommended in order to be certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluriflex cream 180gm: Upheld

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

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

Decision rationale: As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. Fluriflex cream contains 2 active ingredients; Flurbiprofen and Cyclobenzaprine. Regarding Flurbiprofen, CA MTUS supports a limited list of NSAID topical which does not include Flurbiprofen. Guidelines state that topical NSAIDs are not recommended for neuropathic pain as there is no evidence to support use. Regarding Cyclobenzaprine, guidelines state that there is no evidence to support the use of cyclobenzaprine as a topical compound. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is no documentation regarding intolerance to or failure of oral pain medications. Moreover, there is no discussion in the documentation concerning the need for use of unsupported topical analgesics. Guidelines do not recommend the topical use of cyclobenzaprine and flurbiprofen. Furthermore, the present request failed to specify the quantity to be dispensed. Therefore, the request for Fluriflex cream 180gm is not medically necessary.

TGIce cream 180gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Section, Topical Salicylates.

Decision rationale: TGIce contains Tramadol, Gabapentin, Menthol, and Camphor. Pages 111-113 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many these agents. The topical formulation of tramadol does not show consistent efficacy. In addition, Chronic Pain Medical Treatment Guidelines state that gabapentin is not recommended for topical applications. Regarding the Menthol component, CA MTUS does not cite specific provisions, but the Official Disability Guidelines states that the FDA issued a safety warning which identifies rare cases of serious burns that have been reported to occur on the skin where menthol, methyl salicylate, or capsaicin were applied. The guidelines do not address camphor. Any compounded product that contains at least one drug (or drug class) that is not recommended is

not recommended. There is no documentation regarding intolerance to or failure of oral pain medications. Furthermore, there is no discussion in the documentation concerning the need for use of unsupported topical analgesics. TGIce cream contains drug components that are not recommended for topical use. In addition, the present request failed to specify the quantity to be dispensed. Therefore, the request for TGIce cream 180gm is not medically necessary.