

Case Number:	CM14-0045646		
Date Assigned:	06/27/2014	Date of Injury:	03/16/2012
Decision Date:	08/26/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/03/2014

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 Illinois. 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 injured worker is a 47-year-old male who reported an injury on 03/16/2012 due to as fall. On 02/19/2014, the injured worker presented with continuous light to moderate low back pain that radiates to the buttocks, thighs, calves, feet, and all toes. Upon examination of the lumbar spine, there was decreased range of motion, a positive straight leg raise to the right, tenderness and spasm elicited upon palpation over the paralumbar and gluteal musculature bilaterally. There was also tenderness noted over the sacroiliac joint, sciatic notch, and posterior iliac crest bilaterally. The diagnoses were lumbar sprain/strain, lumbar spine disc herniation, and depression and anxiety. Current medications include Fluriflex, TGHOT, Naproxen, and Omeprazole. The provider recommended fluriflex and TGHOT topical creams to minimize possible GI and neurovascular complications, as well as upper GI bleeding from the use of NSAID medications. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluriflex 180mg (flurbiprofen & cyclobenzaprine): Upheld

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

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

Decision rationale: The request for Fluriflex 180 mg (Flurbiprofen and Cyclobenzaprine) is not medically necessary. California MTUS Guidelines state that transdermal compounds are largely experimental in use with few randomized control trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. Guidelines note muscle relaxants are not recommended for topical application. Cyclobenzaprine would not be recommended for topical applications. The provider's request does not indicate the quantity, frequency, or site that the Fluriflex cream was indicated for in the request as submitted. The provider's rationale for the Fluriflex was to minimize possible GI and neurovascular complications, and to avoid complications associated with use of narcotic medications, as well as upper GI bleeding from the use of NSAID medications. The guidelines do not indicate medications for prophylactic use. As such, the request is not medically necessary.

TGHot 180gm (tramadol, gabapentin, menthol, camphor, capsaicin): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines not cited.

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

Decision rationale: The request for TGHot 180 gm (Tramadol, Gabapentin, Menthol, Camphor, Capsaicin) is not medically necessary. The California MTUS Guidelines state that transdermal compounds are largely experimental in use with few randomized control trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. The guidelines note muscle relaxants are not recommended for topical application. The guidelines note Gabapentin is not recommended for topical application. The guidelines further state that Capsaicin is recommended for injured workers who are intolerant to or have not responded to other treatments. There is a lack of documentation that the injured worker is unresponsive to intolerant to other medications to warrant the use of Capsaicin. The provider recommended TGHot cream for prophylactic use against GI symptoms with the use of oral NSAIDs. The guidelines do not indicate prophylactic medication treatment. Additionally, the provider's request for the TGHot cream does not indicate the frequency, quantity, or site that the cream is intended for in the request as submitted. As such, the request is not medically necessary.