

Case Number:	CM14-0046079		
Date Assigned:	07/02/2014	Date of Injury:	05/05/2010
Decision Date:	08/05/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/14/2014

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 Management 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:

According to the records made available for review, this is a 64-year-old male with a 5/5/10 date of injury. At the time (3/114/14) of request for authorization for TGHOT (Tramadol/ Gabapentin/ Menthol/ Camphor/ Capsaicin), one times one and Flurflex (Flurbiprofen/Cyclobenzaprine), one times one, there is documentation of subjective (right shoulder and low back pain with pain radiating to the lower extremities and feet) and objective (tenderness to palpation over the paralumbar muscles, spasms, and painful and limited range of motion) findings, current diagnoses (right rotator cuff syndrome, low back syndrome with bilateral lower extremity radiculitis, and lumbar spine spondylosis), and treatment to date (medications (including TGHOT and FlurFlex)).

IMR ISSUES, DECISIONS AND RATIONALES

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

TGHOT (Tramadol/Gabapentin/Menthol/Camphor/Capsaicin), 1x1: Upheld

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

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

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of right rotator cuff syndrome, low back syndrome with bilateral lower extremity radiculitis, and lumbar spine spondylosis. However, the requested TGHOT contains at least one drug (Gabapentin and Capsaicin) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for TGHOT (Tramadol/ Gabapentin/ Menthol/ Camphor/ Capsaicin), one times one is not medically necessary.

Flurflex (Flurbiprofen/Cyclobenzaprine), 1x1: Upheld

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

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

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of right rotator cuff syndrome, low back syndrome with bilateral lower extremity radiculitis, and lumbar spine spondylosis. However, the requested Flurflex (Flurbiprofen/ Cyclobenzaprine) contains at least one drug class (muscle relaxants) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Flurflex (Flurbiprofen/Cyclobenzaprine), one times one is not medically necessary.