

Case Number:	CM14-0046787		
Date Assigned:	07/07/2014	Date of Injury:	05/19/2009
Decision Date:	08/26/2014	UR Denial Date:	03/26/2014
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 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 is a 54-year-old male with a 5/19/09 date of injury, when he was struck in the back by a co-worker's open hand, causing his body to jolt and injured his neck and lower back. The patient underwent C5-C6 and C6-C7 anterior discectomies. The patient was seen on 2/28/14 with complaints of 5/10 neck pain and bilateral hand numbness. Exam findings revealed tenderness, muscle spasms and reduced range of motion in all planes in the cervical spine. The patient also had weakness in the left shoulder. The patient was seen on 6/6/14 with complains of the neck and right elbow pain. He had increasing tight elbow symptomatology with numbness and 6/10 burning and aching neck pain. The patient also complained of 4/10 burning shoulders pain, 5/10 arms pain and 2/10 hands pain. The patient stated that he was taking Norco, Flexeril and gabapentin that were helping with his pain and that TGHOT and FluriFlex creams did not help him. The exam findings of the cervical spine revealed decrease range of motion in all plains, mild spasms and normal sensation. The diagnosis is spinal stenosis; displacement of cervical intervertebral disc without myelopathy, brachial neuritis, mild right carpal tunnel syndrome and possible left carpal tunnel release (CTS). Treatment to date: cervical spinal neck surgery, work restrictions and medications. An adverse determination was received on 3/26/14. The requests for FluriFlex cream and TGHOT cream were denied due to non- recommendation per CA MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluriflex apply thin layer to affected area twice a day #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

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

Decision rationale: An online search has revealed that Fluriflex ointment/cream is a combination of Flurbiprofen/Cyclobenzaprine 15/10%. CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other anti-epilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. This compound contains topical cyclobenzaprine and Flurbiprofen, which are not currently supported by MTUS and ODG guidelines. The progress note dated 6/6/14 stated that the patient did not benefit from Fluriflex cream use in the past. Therefore, the request for Fluriflex cream #180 is not medically necessary.

TGHot cream apply thin layer to affected area twice a day #180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

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

Decision rationale: An online search has revealed that TGHot is a topical analgesic containing Tramadol/Gabapentin/Menthol/Camphor/Capsaicin 8/10/2/05%. CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other anti-epilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. As this medication contains compounds not supported by MTUS and ODG guidelines, medical necessity has not been met. The progress note dated 6/6/14 stated that the patient did not benefit from the use of TGHot cream in the past. Therefore, the request for TGHot cream #180gm is not medically necessary.