

Case Number:	CM14-0047944		
Date Assigned:	07/11/2014	Date of Injury:	10/08/2001
Decision Date:	09/25/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	04/16/2014

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 43 year-old female with date of injury 10/08/2001. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 02/07/2014, lists subjective complaints as neck pain with radicular symptoms down bilateral upper extremity. Objective findings: Examination of the cervical spine revealed tenderness to palpation and spasm of the spinal vertebral muscles from C4-7. Range of motion was limited in all planes due to pain. Motor exam showed decreased strength bilateral dermatomal level C3-4. Diagnosis are as follows: 1. Chronic pain, 2. Cervical facet arthropathy, 3. Cervical radiculopathy, 4. Bilateral carpal tunnel syndrome, and 5. Progressive gait/balance problem. The medical documents supplied for review were insufficient in determining how long the patient has been prescribed the following medications. No SIG was provided for the following medications. Medications: Compound cream: TGHOT, 180gm, Compound cream: Fluriflex 15/10%, 180gm, Hydrocodone/APAP 10/325mg, #60, and Cyclobenzaprine 7.5mg, #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPOUND MEDICATION CREAM TGHOT 180GM: 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): 111-113.

Decision rationale: TGHOT is a compounded medication with the ingredients. Tramadol/Gabapentin/Menthol/Camphor/Capsaicin, 8/10/2/.05%. One of the ingredients is Gabapentin. According to the MTUS, there is little to no research to support the use of many of these Compounded Topical Analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Gabapentin is not recommended. There is no peer-reviewed literature to support use. Compound Medication Cream TGHOT 180gm is not medically necessary.

COMPOUND CREAM FLURIFLEX 15/10% 180GM: 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): 111-113.

Decision rationale: Fluriflex is a compounded medication containing Flurbiprofen/Cyclobenzaprine 15/10%. Cyclobenzaprine as a muscle relaxant. According to the MTUS, there is little to no research to support the use of many of these Compounded Topical Analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is no evidence for use of any muscle relaxant as a topical product.

HYDROCODONE/APAP 10/325 MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-94.

Decision rationale: The previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off of narcotic. The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of narcotics, the patient has reported very little, if any, functional improvement or pain relief from Norco 10/325.

CYCLOBENZAPINE 7.5 MG # 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

Decision rationale: The MTUS states that muscle relaxants are recommended with caution only on a short-term basis. The patient has been provided with 60 tablets, more than what is recommended by the MTUS. Cyclobenzaprine is not medically necessary.