

Case Number:	CM14-0050143		
Date Assigned:	07/07/2014	Date of Injury:	05/01/2013
Decision Date:	08/22/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/17/2014

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 Preventive 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:

According to the records made available for review, this is a 38-year-old male with a 5/1/13 date of injury. At the time (1/14/14) of request for authorization for FlurLido-A 240gm #1 and Ultraflex-G 240gm #1, there is documentation of subjective (neck pain, right shoulder pain, right elbow pain, and bilateral wrist pain with numbness/tingling) and objective (no pertinent findings) findings, current diagnoses (cervical sprain/strain, right shoulder tendinitis, right elbow epicondylitis, right carpal tunnel syndrome, and left ulnar neuropathy), and treatment to date (physical therapy, oral anti-inflammatory medication, and activity modification). In addition, medical report identifies FlurLido-A as a topical compound medication consisting of Flurbiprofen 20%/Lidocaine 5%/Amitriptyline 5% and Ultraflex-G as a topical compound medication consisting of Gabapentin 10%/Cyclobenzaprine 6%/Tramadol 10%.

IMR ISSUES, DECISIONS AND RATIONALES

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

FlurLido-A 240gm #1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: 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 cervical sprain/strain, right shoulder tendinitis, right elbow epicondylitis, right carpal tunnel syndrome, and left ulnar neuropathy. However, given documentation that FlurLido-A is a topical compound medication consisting of Flurbiprofen 20%/Lidocaine 5%/Amitriptyline 5%, the requested medication contains at least one drug (Lidocaine) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for FlurLido-A 240gm #1 is not medically necessary.

Ultraflex-G 240gm #1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: 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 cervical sprain/strain, right shoulder tendinitis, right elbow epicondylitis, right carpal tunnel syndrome, and left ulnar neuropathy. However, given documentation that Ultraflex-G is a topical compound medication consisting of Gabapentin 10%/Cyclobenzaprine 6%/Tramadol 10%, the requested medication contains at least one drug (Gabapentin) and drug class (muscle relaxant) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Ultraflex-G 240gm #1 is not medically necessary.