

<b>Case Number:</b>	CM14-0051705		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	04/20/2008
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	03/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/18/2014

### 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 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 records presented for review, indicate that this 62-year-old female was reportedly injured on April 20, 2008. The mechanism of injury was not listed. The most recent progress note, dated June 11, 2014, indicated that there were ongoing complaints of low back pain that radiated to the bilateral lower extremities. The physical examination demonstrated positive tenderness to palpation to the lumbar spine, antalgic gait, and bilateral lower extremities muscle and were strength 5/5. Deep tendon reflexes were symmetrical and normal in bilateral lower extremities. Sensation intact to light touch is noted. Diagnostic imaging studies included an electromyography (EMG) and nerve conduction velocity (NCV) of the lower extremities, which revealed reduced amplitude of the L peroneal nerve. Previous treatment included previous surgeries, physical therapy, and medications. A request was made for TGHOT 180 gm, Fluriflex 180 gm, and a functional capacity evaluation and was not certified in the pre-authorization process on March 18, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TGHOT 180gm:** Upheld

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

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

**Decision rationale:** According to the California MTUS Chronic Pain Guidelines, topical analgesics are largely experimental and any compound product, that contains at least one drug (or drug class), that is not recommended, is not recommended. The TGHot Cream consists of Tramadol/Gabapentin/Menthol/Camphor/Capsaicin 8/10/2/0.05%. The guidelines indicate Gabapentin is not recommended for topical application. Additionally, the guidelines recommend the use of Capsaicin only as an option for patients who are intolerant of other treatments and there is no indication that an increase over a 0.025% formulation would be effective. There is no documentation in the records submitted indicating that the patient was intolerant of other treatments. The request for topical TGHot is not in accordance with the MTUS guidelines. Therefore, the request for TGHot Cream 180gm is not medically necessary.

**FluriFlex 180gm:** Upheld

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

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

**Decision rationale:** According to the California MTUS Chronic Pain Guidelines, topical analgesics are largely experimental and any compound product, that contains at least one drug (or drug class), that is not recommended is not recommended. The compound product FluriFlex consists of Flurbiprofen and Cyclobenzaprine 15/10%. The guidelines note there is little evidence to support the use of topical non-steroidal anti-inflammatory medications (NSAIDs) (Flurbiprofen) for treatment of osteoarthritis of the spine, hip or shoulder and there is no evidence to support the use for neuropathic pain. Additionally, the guidelines state there is no evidence to support the use of topical Cyclobenzaprine (a muscle relaxant). The guidelines do not support the use of Flurbiprofen or Cyclobenzaprine in a topical formulation. Therefore, the request for FluriFlex 180gm is not medically necessary.

**Functional Capacity Evaluation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Fitness for Duty.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) - Independent Medical Examinations and Consultations - Referral Issues and the IME Process - (electronically sited).

**Decision rationale:** According to ACOEM Guidelines, the examiner is responsible for determining whether the impairment results in functional limitations and to inform the examinee and the employer about the examinee's abilities and limitations. The physician should state

whether the work restrictions are based on limited capacity, risk of harm, or subjective examinee tolerance for the activity in question. The employer or claim administrator may request functional ability evaluations, also known as functional capacity evaluations, to further assess current work capability. These assessments also may be ordered by the treating or evaluating physician, if the physician feels the information from such testing is crucial. Review of the medical documentation provided is available to determine any documentation of a failure to return to work, or return to work as part of the current treatment regimen. Therefore, without a definite plan of returning to the workforce, the request for a functional capacity evaluation is deemed not medically necessary.