

Case Number:	CM14-0053464		
Date Assigned:	07/07/2014	Date of Injury:	01/20/2003
Decision Date:	08/29/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/22/2014

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 Nevada. 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 50 year old female was reportedly injured on 1/20/2003. The mechanism of injury is undisclosed. The most recent progress note, dated 5/23/2014, indicates that there are ongoing complaints of neck pain that radiates into the left upper extremity. The physical examination demonstrated cervical spine: positive tenderness in the paraspinal musculature of the cervical region and anterior neck, limited range of motion, positive muscle spasm noted, muscle strength is within normal limits except for mild shoulder elevation weakness secondary to pain, mild positive head compression test. No recent diagnostic studies are available for review. Previous treatment includes medications, and conservative treatment. A request was made for Fluriflex 180 grams, TG Hot (Tramadol/Gabapentin/Menthol/Camphor/Capsaicin) 8/10/12/0.5 percent 180 grams, and was not certified in the preauthorization process on 4/2/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transdermal Cream Fluriflex 15/10% 180gm cream: 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: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Guidelines state that topical analgesics are largely experimental and any compound product that contains at least one drug, or drug class, is not recommended. The guidelines note there is little evidence to support the use of topical nonsteroidal antiinflammatory drugs (NSAIDs) 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 is deemed not medically necessary.

Transdermal Cream TGHOT 8/10/2/2 05% 180gm cream: 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 Page(s): 111-113.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Guidelines state that topical analgesics are largely experimental and any compound product that contains at least one drug, or drug class, that is not recommended. 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 percent formulation would be effective. There is no documentation in the records submitted indicating the claimant was intolerant of other treatments. The request for topical TGHOT is not in accordance with the MTUS guidelines. Therefore, the request for TGHOT cream is not medically necessary.