

Case Number:	CM14-0053480		
Date Assigned:	07/07/2014	Date of Injury:	09/06/2005
Decision Date:	08/29/2014	UR Denial Date:	04/18/2014
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 injured worker is a 69-year-old female who was reportedly injured on September 6, 2005. The mechanism of injury is not listed in the records submitted for review. The most recent progress note, dated March 31, 2014, indicates that there are ongoing complaints of neck pain, right shoulder pain, and low back pain radiating to the bilateral lower extremities. The physical examination portion of this note is missing. The physical examination from December 16, 2013 indicates tenderness and spasms along the lumbar paraspinal muscles and ambulation with an antalgic gait. Diagnostic imaging studies were not reviewed on either one of these visits. Previous treatment is unknown. A request made for Fluriflex, TGHOT, Hydrocodone/APAP, Alprazolam and Atarax was non-certified in the pre-authorization process on April 18, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluriflex cream 180gm (thin layer applied to affected area twice daily): 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: FluriFlex is a compound of Cyclobenzaprine and Flurbiprofen. The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Guidelines state that topical analgesics are largely experimental, and any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines note there is little evidence to support the use of topical non-steroidal anti-inflammatory drugs (NSAIDs), such as Flurbiprofen, for treatment of osteoarthritis of the spine, hip or shoulder, and there is no evidence to support its 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 not medically necessary or appropriate.

TGHot cream 180gm (thin layer applied to affected area twice daily): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Non-steroidal anti-inflammatory drugs (NSAIDs).

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

Decision rationale: TGHot is a compound of Tramadol, Gabapentin, Menthol, Camphor and Capsaicin. The California MTUS Chronic Pain Guidelines state that topical analgesics are largely experimental, and any compounded product that contains at least one drug (or drug class) that is not recommended 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% formulation would be effective. There is no documentation in the records submitted indicating the injured employee was intolerant of other treatments. The request for topical TGHot is not in accordance with the guidelines. Therefore, the request for TGHot Cream is not medically necessary or appropriate.

Hydrocodone/APAP 10/325mg #60 with three (3) refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-78.

Decision rationale: Norco (Hydrocodone/Acetaminophen) is a short-acting opioid combined with Acetaminophen. The California MTUS supports the use of short-acting opiates for the short-term management of moderate to severe breakthrough pain. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured worker has chronic pain; however, there is no clinical documentation of improvement in her pain level or her functioning as a result of the current

regimen. As such, this request for Hydrocodone/APAP is not medically necessary or appropriate.

Alprazolam Extended Release (ER) 1mg #30 with three (3) refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: Xanax (Alprazolam) is used for the treatment of anxiety disorders and panic disorders. This medication has a relatively high abuse potential. It is not recommended for long-term use because long-term efficacy is unproven. Tapering of this drug may take weeks to months. Most guidelines limit the use of this medication to 4 weeks. The medical record does not indicate that the injured worker has a diagnosis of an anxiety or panic disorder. Therefore this request for Alprazolam is not medically necessary or appropriate.

Atarax 25mg #60 with three (3) refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation online article <http://dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=7eaf5043-5c73-47af-904b-Be1fae02af2a>atarax(hydroxyzine hydrochloride) tablet.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation online article <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a682866.html>.

Decision rationale: Atarax is a medication used to relieve itching caused by allergies and to control nausea and vomiting due to other conditions, including motion sickness. There is no mention in the medical record that the injured employee has nausea and vomiting requiring the use of Atarax. Therefore, this request for Atarax is not medically necessary or appropriate.