

Case Number:	CM14-0058838		
Date Assigned:	07/09/2014	Date of Injury:	01/01/2009
Decision Date:	08/08/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	04/29/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 69-year-old male with a 1/1/09 date of injury. At the time (4/11/14) of request for authorization for TGHOT cream, 180 gm and FluriFlex, 180 gm jar, there is documentation of subjective findings of ongoing 7/10 neck pain, bilateral upper extremity involvement with the right side being most problematic, and decreased overall strength in upper extremities, primarily hands and objective findings of mild torticollis, head compression sign markedly positive, Spurling's maneuver positive, exquisite tenderness and muscle spasm at rest and on range of motion, pain on scapular retraction, effusion present bilateral elbows, and tenderness in medial epicondyle, lateral epicondyle and olecranon process bilaterally. The current diagnoses are cervical trapezius myofascial pain, cervical discopathy, bilateral shoulder, left greater than right, impingement syndrome, bilateral upper extremity overuse tendinitis, and left greater than right epicondylitis. The treatment to date is physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

TGHOT cream, 180 gm: Upheld

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

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

Decision rationale: California 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 trapezius myofascial pain, cervical discopathy, bilateral shoulder, left greater than right, impingement syndrome, bilateral upper extremity overuse tendinitis, and left greater than right epicondylitis. However, given documentation that the requested TGHOT cream contains Tramadol/Gabapentin/Menthol/Camphor/Capsaicin 8/10/2/2/.05%, there is documentation that the TGHOT cream, 180 gm contains at least one drug (Gabapentin) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for TGHOT cream, 180 gm is not medically necessary.

FluriFlex, 180 gm jar: Upheld

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

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

Decision rationale: California 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 trapezius myofascial pain, cervical discopathy, bilateral shoulder, left greater than right, impingement syndrome, bilateral upper extremity overuse tendinitis, and left greater than right epicondylitis. However, given documentation that the requested FluriFlex, 180 gm jar contains Flurbiprofen/Cyclobenzaprine 15/10%, there is documentation that the requested FluriFlex, 180 gm jar contains at least one drug (Cyclobenzaprine) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for FluriFlex, 180 gm jar is not medically necessary.