MAXIMUS Federal Services

Case Number:	CM14-0059340		
Date Assigned:	07/09/2014	Date of Injury:	02/12/2009
Decision Date:	09/08/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	04/30/2014

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 Medicine and is licensed to practice in Texas. 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 37 year old female who developed neck and bilateral upper extremities cumulative trauma as a result of work related activity on 02/12/09. The records indicated that she had chronic complaints of neck pain radiating into bilateral upper extremities to the hands. Her current medication includes Advil. The record noted an electromyography and nerve conduction velocity (EMG/NCV) on 10/30/13 which was normal. Most recent clinical notes indicated that she had continued pain, mild torticollis, head compression sign was markedly positive, Spurling maneuver was positive, exquisite tenderness in muscle spasm both at rest and on range of motion, pain with scapular retraction, significant crepitus on motion with tenderness to palpation of the upper trapezius muscle, biceps strength and wrist extensor strength were diminished, dorsum of the hand had diminished sensation, C5 to C6 disc herniation with intermittent cervical radiculopathy, and bilateral upper extremities overuse tendinopathy. Utilization review determination dated 04/09/14 noncertified a request for Fluriflex 10/15/10 percent 180 gram and a request for TG Hot 8/10/2/2/0.05 percent 180 gram cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluriflex 15/10% 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 Topical Analgesics, Pages Page(s): 111-113.

Decision rationale: The request for Fluriflex 10/15/10 percent 180 gram is not supported as medically necessary. The California Medical Treatment Utilization Schedule, the Official Disability Guidelines and United States Food and Drug Administration (FDA) do not recommend the use of compounded medications as these medications are noted to be largely experimental in use with few randomized controlled trials to determine efficacy or safety. Further, the FDA requires that all components of a transdermal compounded medication be approved for transdermal use. This compound contains Flurbiprofen and Flexeril which have not been approved by the FDA for transdermal use. Any compounded product that contains at least one drug (or drug class) that is not recommended. Therefore, Fluriflex is not medically necessary.

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 Topical Analgesics, pages Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Compounded Medications.

Decision rationale: The California Medical Treatment Utilization Schedule, the Official Disability Guidelines and United States Food and Drug Administration (FDA) do not recommend the use of compounded medications as these medications are noted to be largely experimental in use with few randomized controlled trials to determine efficacy or safety. Further, the FDA requires that all components of a transdermal compounded medication be approved for transdermal use. This compound contains Gabapentin which has not been approved by the FDA for transdermal use. Any compounded product that contains at least one drug (or drug class) is not recommended. Therefore, TGHot is not medically necessary.