

Case Number:	CM14-0060209		
Date Assigned:	07/09/2014	Date of Injury:	10/09/2006
Decision Date:	08/18/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	05/01/2014

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 Neurology, 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 Injured Worker (IW) is a 44 year-old male who sustained a strain injury to his neck and lower back in a slip and fall event on 10/9/2006. Records indicate the IW has a Left L3-4, right L3-4, and bilateral L4-5 transforaminal cannulation on 7/12/2012. The most recent progress note dated 3/18/2014 indicates that the IW suffers lumbar back pain with radicular symptoms in his right lower extremity. The IW has had epidural injections and has been using medications to manage his symptomology. The current diagnoses include Lumbar discopathy, and L3-4 disc annular tear. Requests for FluriFlex 180 gm topical cream and TGHOT 180 gm topical cream were submitted on 4/3/2104 and subsequently denied on 4/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

TGHOT cream 180gm: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines (pp. 111-113) indicates that topical analgesics are recommended for specific and limited indications, such as

for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The documentation provided for review does not indicate that such trials have been attempted nor to what effect. Further, any product compounded with at least one drug/class of drug not recommended is not recommended. The requests for the compounded creams do not include an itemization of drug agents used in the formulations. Research indicates that efficacy of NSAIDs in topical applications has been inconsistent. There are no long term studies of efficacy or safety in the treatment of chronic musculoskeletal pain, and they are not recommended for treatment of neuropathic pain as there is no evidence to support its use. Recommendation for topical NSAIDs is specific to osteoarthritis pain and tendinosis in joints amenable to topical application, such as ankle, elbow, foot, hand, knee and wrist. The case has not been made that the IW suffers from the pathologies which warrant topical NSAIDs. Topical Lidocaine may be recommended for localized peripheral pain, where there is evidence of trial failure of first-line therapies (such as antidepressants and anti-epileptics), and then only the Lidoderm patch is indicated for neuropathic pain. Again, there is no documentation of first-line therapy failure. No other commercially approved formulation of topical lidocaine is recommended for chronic neuropathic pain disorders (except post-herpetic neuralgia) and it is specifically not recommended for non-neuropathic (i.e., muscular) pain. Capsaicin is recommended only where failure or intolerance to other treatments has been documented, reports of which are absent in this case. Any compounded cream with Baclofen or other muscle relaxants are not recommended. Gabapentin and other antiepilepsy drugs in topical forms are not recommended. Ketamine may be recommended but only in refractory cases where all other treatment modalities have been exhausted - again not reported in the materials reviewed.. Without the itemized list of agents in each requested compounded cream, it is not only impossible to determine if any component is specifically not recommended, but it is additionally unclear what if any possible components could be appropriate for treatment of the IW's symptomology at this time. There is insufficient evidence and documentation to support the medical necessity of the requests for FluriFlex 180 gm topical cream and TGHOT 180 gm topical cream.

Fluriflex cream 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines (pp. 111-113) indicates that topical analgesics are recommended for specific and limited indications, such as for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The documentation provided for review does not indicate that such trials have been attempted nor to what effect. Further, any product compounded with at least one drug/class of drug not recommended is not recommended. The requests for the compounded creams do not include an itemization of drug agents used in the formulations. Research indicates that efficacy of NSAIDs in topical applications has been inconsistent. There are no long term studies of efficacy or safety in the treatment of chronic musculoskeletal pain, and they are not recommended for treatment of neuropathic pain as there is no evidence to support its use. Recommendation for topical NSAIDs

is specific to osteoarthritis pain and tendinosis in joints amenable to topical application, such as ankle, elbow, foot, hand, knee and wrist. The case has not been made that the IW suffers from the pathologies which warrant topical NSAIDs. Topical Lidocaine may be recommended for localized peripheral pain, where there is evidence of trial failure of first-line therapies (such as depressants and anti-epileptics), and then only the Lidoderm patch is indicated for neuropathic pain. Again, there is no documentation of first-line therapy failure. No other commercially approved formulation of topical lidocaine is recommended for chronic neuropathic pain disorders (except post-herpetic neuralgia) and it is specifically not recommended for non-neuropathic (i.e., muscular) pain. Capsaisin is recommended only where failure or intolerance to other treatments has been documented, reports of which are absent in this case. Any compounded cream with Baclofen or other muscle relaxants are not recommended. Gabapentin and other antiepilepsy drugs in topical forms are not recommended. Ketamine may be recommended but only in refractory cases where all other treatment modalities have been exhausted - again not reported in the materials reviewed.. Without the itemized list of agents in each requested compounded cream, it is not only impossible to determine if any component is specifically not recommended, but it is additionally unclear what if any possible components could be appropriate for treatment of the IW's symptomology at this time. There is insufficient evidence and documentation to support the medical necessity of the requests for FluriFlex 180 gm topical cream and TGHOT 180 gm topical cream.