

Case Number:	CM14-0060886		
Date Assigned:	07/09/2014	Date of Injury:	09/23/2009
Decision Date:	08/27/2014	UR Denial Date:	04/07/2014
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 Orthopedic Surgery 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 47-year-old male who reported an injury on 09/23/2009. The mechanism of injury was not provided. On 03/18/2014, the injured worker presented with increased neck pain. The medications include Omeprazole and Relafen as well as a topical analgesic cream. Upon examination of the lumbar spine, there was a positive straight leg raise test bilaterally and palpation elicits 3+ hypertonicity to the para lumbar muscles bilaterally. Examination of the bilateral shoulders revealed a positive impingement test to the left and a negative empty can supraspinatus test bilaterally. The diagnosis was lumbar disc syndrome. The provider recommended topical cream and aquatic physical therapy. The provider's rationale was not provided. The Request for Authorization form for the topical creams was dated 03/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro TGHOT (Tramadol 8% - Gabapentin 10% - Menthol 2% - Camphor 2% - Capsaicin 0.05%) 180 gram jar: 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.

Decision rationale: The request for retro TGHOT (tramadol 8% / gabapentin 10% / menthol 2% / camphor 2% / capsaicin 0.05%) 180gm jar is not medically necessary. The California MTUS indicates that "topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug (or drug class) is not recommended." Topical salicylates are recommended. Gabapentin is not recommended. There is no peer-reviewed literature to support the use. Capsaicin is recommended only as an option in injured workers who have not responded to or who are intolerant to other treatments. The California MTUS Guidelines recommend topical salicylates. The provider did not indicate the dose, frequency, quantity, or site that the cream is indicated for in the request as submitted. Since the guidelines do not recommend several of the other ingredients, there is no medical necessity for this compound.

Retro Flurflex (Flurbiprofen 10% - Cyclobenzaprine 10%) 180 gram jar: Upheld

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

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

Decision rationale: The request for retro Flurflex (flurbiprofen 10% / cyclobenzaprine 10%) 180 gm jar is not medically necessary. The California MTUS indicates that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Topical NSAIDs have been shown to be superior to placebo during the first 2 weeks of treatment of osteoarthritis, but either not afterward, or with a diminishing effect over another 2 week period. This agent is not currently FDA-approved for a topical application. The approved routes of administration for Flurbiprofen include oral tablets and ophthalmic solution. The California MTUS Guidelines do not recommend the use of Cyclobenzaprine as a topical muscle relaxer as there is no evidence for the use of any other muscle relaxants as a topical product. The addition of cyclobenzaprine to other agents is not recommended. Additionally, the provider's request does not indicate the dose, frequency, or site that the cream is indicated for in the request as submitted. As such, the request is not medically necessary.

Aquatic Physical Therapy 2x4 for the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

Decision rationale: The request for aquatic physical therapy 2 times a week for 4 weeks for the lumbar spine is not medically necessary. The California MTUS recommends aquatic therapy as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy minimizes the effects of gravity, so it is specifically recommended when reduced weightbearing is desirable, for example, in extreme obesity. The guidelines recommend 10 aquatic therapy visits over 4 weeks. The amount of aquatic therapy that the injured worker has previously completed was not provided. Additionally, there was a lack of documentation indicating that the injured worker is recommended for reduced weightbearing exercises. As such, the request is not medically necessary.