

Case Number:	CM14-0065305		
Date Assigned:	07/11/2014	Date of Injury:	05/13/2010
Decision Date:	08/18/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	05/08/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 62-year-old female who reported an injury on 05/13/2010. The mechanism of injury was not specifically stated. The current diagnoses include cervical disc syndrome, bilateral shoulder rotator cuff syndrome, bilateral shoulder rotator cuff rupture, status post lumbar spine surgery in 2008 and 2012, lumbar disc disease, and diabetes. The injured worker was evaluated on 03/17/2014 with complaints of 5/10 right shoulder pain, 7/10 left shoulder pain, and 4/10 low back pain. It is noted that the injured worker has failed to respond to conservative treatment, including cortisone injections, epidural steroid injections, physical therapy, and a home exercise program. Physical examination on that date revealed 3+ tenderness with hypertonicity over the lumbar paraspinal muscles, limited lumbar range of motion, positive Kemp's testing and straight leg raising bilaterally, 3+ tenderness of the rotator cuff bilaterally, diminished shoulder range of motion, positive impingement testing bilaterally, positive empty can supraspinatus testing bilaterally, positive apprehension testing bilaterally, 2+ deep tendon reflexes in the upper extremities, and 2+ deep tendon reflexes in the lower extremities. Treatment recommendations at that time included authorization for a refill of topical cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

TG Hot and Flurflex ToHot (Tramadol 8%, Gabapentin 10%, Menthol 2%, Camphor 2%, Capsaicin 0.05%) 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, compounded.

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

Decision rationale: The California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug that is not recommended is not recommended as a whole. Capsaicin is only recommended in patients who have not responded or are intolerant to other treatments, and is generally available as a 0.025%, 0.0375%, and 0.075%. Gabapentin is not recommended, as there is no peer reviewed literature to support its use as a topical product. There is also no frequency listed in the current request. As such, TG Hot and Flurflex TO Hot (Tramadol 8%, Gabapentin 10%, Menthol 2%, Camphor 2%, Capsaicin 0.05%) 180gm is not medically necessary.

FlurFex (Flurbiprofen 10%, Cyclobenzaprine 10%) 180 gram: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, compounded.

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

Decision rationale: The California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug that is not recommended is not recommended as a whole. The only FDA approved topical Nonsteroidal Anti-Inflammatory Drugs (NSAIDs) is Diclofenac. Cyclobenzaprine is not recommended, as there is no peer reviewed literature to support its use as a topical product. There is also no frequency listed in the current request. As such, Flurflex (Flurbiprofen 10%, Cyclobenzaprine 10%) 180 gram is not medically necessary.