

Case Number:	CM14-0069966		
Date Assigned:	07/14/2014	Date of Injury:	02/12/2009
Decision Date:	09/03/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/15/2014

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 and Florida. 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 patient is a 37 year old female who was injured on 2/12/2009. The diagnoses are neck pain, right shoulder pain, bilateral elbows pain and muscle spasm. There was radiological evidence of C5-C6 cervical spine disc herniation. On 4/3/2014, [REDACTED] noted subjective complaints of neck pain radiating to the upper extremities. There are associated numbness and tingling sensations with positive decreased sensation along the C5 and C6 dermatomes. The Spurling's, Tinel and Phalen signs were positive. The pain score was 7/10 on a scale of 0 to 10. Examination revealed a mild torticollis with a decreased range of motion of the cervical spine. The medication is Advil and topical agents for pain. The patient did not want to take additional oral pain medications because of side effects. A Utilization Review determination was rendered on 4/29/2014 recommending no certification for Fluriflex cream 180gm and TGHOT cream 180gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluriflex Cream 180gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 111-113.

Decision rationale: The CA MTUS addressed the use of topical analgesic preparations for the treatment of neuropathic and osteoarthritis pain. Topical analgesic preparations can be utilized when trials of NSAIDs, anticonvulsant and antidepressant medications are ineffective, cannot be tolerated or have failed. The records did not show that the patient failed these first line medications. The Fluriflex contains flurbiprofen 10% and cyclobenzaprine 10%. There is no FDA or guideline support for the use of cyclobenzaprine in a topical formulation. The criterion for the use of Fluriflex cream 180gm was not met. The request is not medically necessary.

TGHot Cream 180gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Pages Page(s): 111-113.

Decision rationale: The CA MTUS addressed the use of topical analgesic preparations for the treatment of neuropathic and osteoarthritis pain. Topical analgesic preparations can be utilized when trials of NSAIDs, anticonvulsant and antidepressant medications are ineffective, cannot be tolerated or have failed. The records did not show that the patient failed these first line medications. The TG Hot cream contains tramadol 8%, gabapentin 10%, menthol 2% camphor 2 % and capsaicin 0.05%. There is no FDA or guidelines support for the use of tramadol or gabapentin in topical formulations. The use of topical menthol and camphor for the treatment of chronic pain is not recommended. The criterion for the use of TG Hot cream 180gm was not met. The request is considered not medically necessary.