

Case Number:	CM14-0070173		
Date Assigned:	07/14/2014	Date of Injury:	03/24/2012
Decision Date:	09/08/2014	UR Denial Date:	04/21/2014
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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine 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 patient is a 45 year old female who sustained an industrial injury on 2/19/2013, mechanism of injury is not documented. According to the submitted documents, the patient complains of chronic neck, low back, bilateral shoulder, left upper extremity, and left lower extremity pain. Treatment to date has included chiropractic, aquatic/physical therapy, cortisone injection, and medications. The primary treating physician progress report dated 3/24/2014, notes that the patient complains of neck pain rated 8/10, right shoulder pain rated 6-7/10, left shoulder, left elbow, and left wrist rated 9/10, mid back pain rated 8/10, low back pain rated 3-4/10, left knee pain rated 6/10, and left ankle pain rated 2-3/10. Objective findings reveal tenderness and spasm over paracervical muscles bilaterally, minimally limited cervical ROM limited by pain and spasm, positive foraminal compression test bilaterally, mildly limited lumbar ROM limited by pain and spasm, symmetric bilateral shoulder ROM slightly limited by pain, positive impingement test bilaterally, full ROM of bilaterally knees, 2/2+ DTRs, 4/5 right and 4-/5 strength in all muscles of upper extremities, 5/5 of all muscle groups of bilateral lower extremities. Diagnoses are sprain strain of the cervical, thoracic, lumbar, bilateral shoulder, left elbow, left wrist, left knee and left ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical compound: TGHot cream 180gms #1: Upheld

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

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

Decision rationale: TGHot cream is a compounded topical product containing Tramadol, Gabapentin 10%, Menthol 2%, Camphor 2% and Capsaicin 0.05%. According to the MTUS Guidelines, topical analgesics are considered to be largely experimental in use with few randomized controlled trials to determine efficacy or safety. These products are primarily recommended for neuropathic pain when first-line measures have failed. The medical records do not establish neuropathic pain with failure of first-line measures. Capsaicin may be recommended only as an option in patients who have not responded or are intolerant to other treatments. The medical records provided for review do not substantiate there are any issues with oral medication tolerance. According to the guidelines, Gabapentin is not recommended in topical formulations. The guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Consequently this compounded product is not supported by the evidence based guidelines. The request for Topical compound: TGHot cream 180gms #1 is not medically necessary and appropriate.

Lidoderm patches 5% #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56-57.

Decision rationale: The MTUS guidelines state topical lidocaine may be recommended for localized peripheral nerve pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. However, the medical records do not establish this patient has localized peripheral nerve pain. According to the medical records, the patient has been treating for chronic pain located in the axial low back and bilateral knees, her diagnoses are OA of the knees, hip enthesopathy and lumbar degenerative disc disease. The physical examination documents normal neurological examination. The medical records do not establish Lidoderm patch is appropriate or medically necessary for the treatment of this patient's chronic non-neuropathic complaint. The request for Lidoderm patches 5% #30 is not medically necessary and appropriate.

Topical compound: Fluriflex cream 180gm #1: Upheld

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

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

Decision rationale: This product is a topical compound containing NSAID Flurbiprofen and muscle relaxant Flexeril. The MTUS guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. According to the MTUS guidelines, the application of any muscle relaxant in a topical formulation is not recommended, as there is no evidence for use of any muscle relaxant as a topical product. Furthermore, the guidelines outline that topical application of an NSAID, such as flurbiprofen, may be indicated for short duration, for osteoarthritis of joints that are amenable to topical treatment. There is little evidence to utilize topical NSAIDs for treatment of the spine. In addition, the medical records do not establish the patient is intolerant to oral analgesics, which is standard acceptable care. Consequently, under the evidence based guidelines, this compound is not recommended within the guidelines, therefore the request for Topical compound: Fluriflex cream 180gm #1 is not medically necessary and appropriate.