

Case Number:	CM14-0070775		
Date Assigned:	07/14/2014	Date of Injury:	03/03/2011
Decision Date:	08/25/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/16/2014

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 Preventive Medicine has a subspecialty 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:

According to the records made available for review, this is a 51-year-old male with a 3/3/11 date of injury. At the time (04/03/14) of request for authorization of FluriFlex (Flurbiprofen/Cyclobenzaprine 15/10%), 180gms and TGHOT (Tramadol/ Gabapentin/ Menthol/ Camphor/ Capsaicin 8/10/2/2/0.5%) Cream, 180gms, there is documentation of subjective (persistent ongoing left foot pain and low back pain with numbness) and objective (antalgic gait, tenderness to palpation over the thoracolumbar spine, decreased lumbar range of motion; increased size of the plantar fibromatosis on the left foot and ankle, tenderness over the left lateral malleoli, positive plantar fascial tension sign, and decreased left ankle range of motion) findings. Current diagnoses are: left foot/ankle trauma, gastrointestinal pain, and benign plantar fibromatosis. Treatment to date: Fluriflex and TGHOT Cream since at least 10/25/13 with pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

FluriFlex (Flurbiprofen/Cyclobenzaprine 15/10%), 180gm: Upheld

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

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that Ketoprofen, Lidocaine (in creams, lotion or gels), Capsaicin in a 0.0375% formulation, Baclofen and other muscle relaxants, and Gabapentin and other anti-epilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of left foot/ankle trauma, gastrointestinal pain, and benign plantar fibromatosis. However, the requested topical cream contains at least one drug class (muscle relaxants) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for FluriFlex (Flurbiprofen/Cyclobenzaprine 15/10%), 180gms is not medically necessary.

TGHot (Tramadol/Gabapentin/Menthol/Camphor/Capsaicin 8/10/2/2/0.5%) Cream, 180gms: Upheld

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

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that Ketoprofen, Lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, Baclofen and other muscle relaxants, and Gabapentin and other anti-epilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of left foot/ankle trauma, gastrointestinal pain, and benign plantar fibromatosis. However, the requested topical cream contains at least one drug (Gabapentin) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for TGHot (Tramadol/ Gabapentin/ Menthol/ Camphor/ Capsaicin 8/10/2/2/0.5%) Cream, 180gms is not medically necessary.

