

Case Number:	CM14-0071419		
Date Assigned:	07/14/2014	Date of Injury:	10/07/2011
Decision Date:	08/14/2014	UR Denial Date:	05/13/2014
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 Orthopedic Surgery 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 records, presented for review, indicate that this 52-year-old individual was reportedly injured on October 7, 2011. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated May 27, 2014, indicated that there were ongoing complaints of low back pain with bilateral lower extremity involvement (a sciatic nerve distribution). The physical examination demonstrated the injured worker to be 5'6, with tenderness to palpation of the thoracic and lumbar spine musculature, a decrease in thoracic and lumbar range of motion, and the deep tendon reflexes were intact. Diagnostic imaging studies were not presented in the records reviewed. A chest x-ray and sleep studies were noted. Previous treatment included multiple medications, physical therapy, and other conservative measures. A request was made for multiple topical medications and was not certified in the pre-authorization process on May 13, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobezaprine 7.5 mg, 90 tablets: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 9792.20 - 9792.26 (Effective July 18, 2009) Muscle relaxants Page(s): 41, 64 OF 127.

Decision rationale: The CA MTUS supports the use of skeletal muscle relaxants for the short-term treatment of pain but advises against long-term use. Given the claimant's date of injury and clinical presentation and noting the most current physical examination and the lack of any efficacy or utility with the utilization of this preparation and taking into consideration that the guidelines do not support this request for chronic pain, the request is not medically necessary.

(1) Jar of FlurFlex (Flurbiprofen 10%, Cyclobenzaprine 10%), 180 grams: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 111-113 OF 127.

Decision rationale: MTUS Chronic Pain Guidelines state that topical analgesics are largely experimental and any compound product, that contains at least one drug (or drug class), that is not recommended is not recommended. The guidelines note there was little evidence to support the use of topical NSAIDs (Flurbiprofen) for treatment of osteoarthritis of the spine, hip or shoulder and there was no evidence to support the use for neuropathic pain. Therefore, when noting the diagnosis offered and by the physical examination reported, this request is not medically necessary.

(1) Jar of Tghot cream (Tramadol 8%, Gabapentin 10%, Menthol 2%, Camphor 2%, Capsasin 0.05%), 180 grams: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines :9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 111-113 OF 127.

Decision rationale: For the medication, TGHot (Tramadol/Gabapentin/Menthol/Camphor/Capsaicin 8/10/2/0.05%) Cream, MTUS Chronic Pain Guidelines state that topical analgesics are largely experimental and any compound product that contains at least one drug (or drug class), that is not recommended, is not recommended. The guidelines indicate gabapentin is not recommended for topical application. Additionally, the guidelines recommend the use of capsaicin only as an option for patients who are intolerant of other treatments and there is no indication that an increase over a 0.025% formulation would be effective. There was no documentation in the records submitted indicating the employee was intolerant of other treatments. The request for topical TGHot is not in accordance with the MTUS guidelines. Therefore, the request for TGHot Cream is not medically necessary.