

Case Number:	CM14-0079705		
Date Assigned:	07/23/2014	Date of Injury:	07/08/2002
Decision Date:	09/09/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	05/30/2014

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 Occupational 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 64 year old female who was injured on 07/07/2002. The mechanism of injury is unknown. Prior treatment history has included home exercise program. Ortho report dated 04/14/2014 documented the patient to have complaints of left knee rated as 3/10 and right ankle pain rated as 3-4/10. She also reported pain in the left lower abdominal area related to a left inguinal hernia. On exam, the knee joint range of motion revealed flexion to 105 bilaterally and extension to zero bilaterally. The patient is diagnosed with cervical spine disc syndrome; low back syndrome; right hip osteoarthritis/degenerative joint disease; bilateral knee medial meniscus tear; right inguinal hernia; and gastrointestinal upset. The patient has been prescribed TGHot, FlurFlex, and urine toxicology screening. Prior utilization review dated 05/13/2014 states the request for I prescription of topical compound TGHot 180gm is not certified as it is not indicated at this time; 1 prescription of topical compound Flurflex 180gm is denied as it is not warranted.

IMR ISSUES, DECISIONS AND RATIONALES

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

I prescription of topical compound TGHot 180gm: 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 is a request for topical compound TGHot for a 64-year-old female injured on 7/7/02 with chronic neck, low back, knee and hip pain. However, this topical compound contains Gabapentin, which is not recommended by MTUS guidelines. There is no peer-reviewed literature to support the use of topical Gabapentin. Medical necessity is not established.

1 prescription of topical compound Flurflex 180gm: 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 is a request for topical compound Flurflex for a 64-year-old female injured on 7/7/02 with chronic neck, low back, knee and hip pain. However, this topical compound contains Cyclobenzaprine. MTUS guidelines do not recommend topical application of muscle relaxants as efficacy is not demonstrated. Medical necessity is not established.