

Case Number:	CM14-0080591		
Date Assigned:	07/18/2014	Date of Injury:	11/02/2004
Decision Date:	09/22/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/31/2014

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 and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 38-year-old female who reported an injury after continuous trauma 11/02/2004. The clinical note dated 11/27/2013 indicated the injured worker reported headaches about twice a week that were generally in her forehead and lasts for about 4 hours. The injured worker's diagnoses included headache secondary to cervical pain and sleep problems secondary to pain controlled with medications. The injured worker reported she took naproxen. The injured worker reported migraines were more painful than the little ones, and tended to occur when it was very hot. The injured worker reported she utilized Imitrex, and it worked for the migraines. The injured worker reported headaches sometimes occurred with flashing lights and were associated with phonophobia and photophobia. The injured worker reported trouble sleeping, especially falling asleep. On physical examination, the injured worker had tenderness posteriorly on both sides of the neck; however, there was full range of motion. The injured worker's neurological exam revealed decreased pinprick sensation on the right side of her face compared to the left. The injured worker had decreased left radial forearm and decreased right medial forearm to pinprick. The injured worker's prior treatments included diagnostic imaging and medication management. The injured worker's medication regimen included Norco. The provider submitted a request for Norco, AppTrim, Fluriflex Cream, and TGHOT. A request for authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list; Opioids, criteria for use Page(s): 78, 91.

Decision rationale: The request for Norco 10/325mg #60 is not medically necessary. The California MTUS The request for Norco 10/325mg #60 is not medically necessary. The California MTUS Guidelines recommend the use of opioids for the on-going management of chronic low back pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is lack of significant evidence of an objective assessment of the injured worker's pain level, functional status, and evaluation of risk for aberrant drug use, behaviors, and side effects. In addition, it was not indicated how long the injured worker had been utilizing the Norco. Moreover, the request does not indicate a frequency for this medication. Therefore, the request is not medically necessary.

AppTrim #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.medicalfoods.com.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG), Pain, Medical food.

Decision rationale: The request for AppTrim #120 is not medically necessary. The Official Disability Guidelines state a medical food is a food which is formulated to be consumed or administered enterally under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation." To be considered the product must, at a minimum, meet the following criteria: (1) the product must be a food for oral or tube feeding; (2) the product must be labeled for dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements; (3) the product must be used under medical supervision. The documentation submitted did not indicate the injured worker had findings that would support she was at risk for oral or tube feedings, receiving dietary management of a specific medical disorder, disease, or condition. In addition, the provider did not indicate a rationale for the request. Therefore, the request is not medically necessary.

FluriFlex Cream: Upheld

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

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

Decision rationale: The request for Fluriflex Cream is not medically necessary. Fluriflex is a compound that consists of 15% Flurbiprofen and 10% Cyclobenzaprine. The California Chronic Pain Medical Treatment Guidelines state that transdermal compounds are largely experimental in use with few randomized controlled trials to determine efficiency or safety. It is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control, including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. It was not indicated the injured worker had tried and failed antidepressants or anticonvulsants. In addition, the documentation submitted did not indicate the injured worker had findings that would support she was at risk for osteoarthritis or tendonitis. Additionally, Cyclobenzaprine is a muscle relaxant. The guidelines indicate there is no evidence of use of any other muscle relaxant as a topical product. Moreover, Cyclobenzaprine is not recommended. The guidelines indicate any compounded product that contains at least 1 drug or drug class that is not recommended, is not recommended. Additionally, it was not indicated if the injured worker had been utilizing this medication. Moreover, the request did not indicate a frequency, dosage, or quantity. Therefore, the request is not medically necessary.

TGHot Cream: Upheld

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

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

Decision rationale: The request for TGHot Cream is not medically necessary. TGHot contains (Capsaicin, Menthol, Camphor).The California MTUS guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines also state any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. It was not indicated the injured worker had tried and failed antidepressants or anticonvulsants. In addition, it was not indicated if the injured worker was intolerant to other treatments. Moreover, it was not indicated if the injured worker had been utilizing this medication. Additionally, the request did not indicate a dosage, frequency, or quantity for this medication. Therefore, the request is not medically necessary.