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| Case Number: | CM14-0086259 | | |
| Date Assigned: | 07/23/2014 | Date of Injury: | 09/10/2013 |
| Decision Date: | 09/17/2014 | UR Denial Date: | 06/02/2014 |
| Priority: | Standard | Application Received: | 06/09/2014 |

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 Interventional Spine, 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 54-year-old male with date of injury of 09/10/2013. The listed diagnoses per Dr. [REDACTED] dated 05/07/2014 are: 1. Low back pain with radicular symptoms to the lower extremities. 2. MRI findings of 3-to 4-mm disk bulge at L3-L4 with severe right-sided neuroforaminal narrowing and 4-mm left foraminal disk protrusion with severe left neural foraminal narrowing at L4-L5, 2-to 3-mm disk protrusion with annular tear at L5-S1.3. EMG evidence of L4-L5 radiculopathy. According to this report, the patient complains of low back pain. The patient states that his pain radiates to the right leg. He also feels weakness and numbness in his right leg. He states that the pain is sharp with intensity of about 7/10. He states that topical compounds used to help him a lot. The physical exam shows the patient has paravertebral muscle spasms and tenderness in the lower lumbar region. SLR is positive bilaterally. He has decreased sensation to light touch over the right L4 and L5 dermatomes. He has weakness in flexion and dorsiflexion of both feet, more pronounced on the right side. The utilization review denied the request on 06/02/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

FluriFlex 240gm-Dispensed 5/7/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111 and 113.

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

Decision rationale: This patient presents with low back pain. The treater is requesting FluriFlex 240 g. The MTUS Guidelines page 111 on topical analgesics states that it is largely experimental in use with few randomized controlled trials to determine efficacy or safety. It is primarily recommended for neuropathic pain when trials of antidepressant and anticonvulsants have failed. MTUS also states, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." FluriFlex cream is a combination of flurbiprofen and cyclobenzaprine. In this case, cyclobenzaprine is not recommended as a topical compound. As such, the request is not medically necessary.

TGIce 240gm-Dispensed 5/7/2014.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111 and 113.

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

Decision rationale: This patient presents with low back pain. The treater is requesting TGIce cream 240 g. The MTUS Guidelines page 111 on topical analgesics states that it is largely experimental in use with few randomized controlled trials to determine efficacy or safety. It is primarily recommended for neuropathic pain when trials of antidepressant and anticonvulsants have failed. MTUS also states, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." TGIce cream is a combination of tramadol, gabapentin, menthol, camphor. In this case, both tramadol and gabapentin compounds are not recommended in topical formulation. As such, the request is not medically necessary.