

Case Number:	CM14-0093853		
Date Assigned:	07/25/2014	Date of Injury:	02/14/2013
Decision Date:	08/29/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/20/2014

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 California and Washington. 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 45-year-old male who reported an injury on 02/14/2013. The mechanism of injury was not provided for clinical review. The diagnoses included L5-S1 four mm broad-based posterior disc protrusion, bilateral L5-S1 foraminal encroachment, C5-6 broad-based posterior disc bulge, bilateral shoulder calcification tendinitis/bursitis, bilateral nerve injury median nerve, bilateral plantar fasciitis, and hypertension. Previous treatments included medication and physical therapy. Diagnostic testing included x-rays, MRI, and EMG/NCV. Within the clinical note dated 05/06/2014, it was reported the injured worker complained of neck pain rated 7/10 in severity, back pain rated 8/10 in severity, right shoulder pain and left shoulder pain rated 7/10 in severity, right foot pain rated 8/10 in severity, and left foot pain rated 7/10 in severity. The injured worker complained of tingling in the 4th and 5th digits of the bilateral hands. He reported radiation of low back pain to the bilateral limbs. On the physical examination of the cervical spine, the provider noted tenderness over the paracervical muscles bilaterally. Cervical range of motion was flexion at 45 degrees and extension at 55 degrees. Upon examination of the lumbar spine, the provider noted the injured worker had limited range of motion with flexion at 30 degrees and extension at 20 degrees. The provider indicated the injured worker had spasms upon flexion and extension of the lumbar spine. The provider requested 1 container of Fluriflex and 1 container of TGHOT cream for the reduction of pain and decrease in the need of oral medications. The Request for Authorization was not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 container of FlurFlex (Flurbiprofen 10% & Cyclobenzaprine 10%) 180g: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation, Online Edition, Chapter: Pain, Topical Analgesics, Non-steroidal anti-inflammatory agents (NSAIDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs, page(s) 41, 72, 111 Page(s): 41 72 111.

Decision rationale: The request for 1 container of FlurFlex (Flurbiprofen 10% & Cyclobenzaprine 10%) 180g is not medically necessary. The injured worker complained of neck pain rated 7/10, back pain rated 8/10, right shoulder and left shoulder pain rated 7/10, right foot pain rated 8/10, and left foot pain rated 7/10. The injured worker complained of tingling of the 4th and 5th digits of the bilateral hands. The injured worker reported radiation of cervical spine pain to the bilateral shoulders. The California MTUS Guidelines note topical NSAIDs are recommended for the use of osteoarthritis and tendinitis, in particular that of the knee and/or elbow and other joints that are amenable. Topical NSAIDs are recommended for short term use of 4 weeks to 12 weeks. There is little evidence to utilize topical NSAIDs for the treatment of osteoarthritis of the spine, hip, or shoulder. Flurbiprofen is recommended for the use of osteoarthritis and mild to moderate pain. The guidelines note there is little evidence for the use of any other muscle relaxants as a topical product. Cyclobenzaprine is recommended as an option, using a short course of therapy. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. The injured worker has been utilizing the medication since at least 12/2013 which exceeds the guidelines' recommendation of short term use. Therefore, the request is not medically necessary.

1 container of TGHot (Tramadol 8%, Gabapentin 10%, Camphor 2%, Capsaicin 0.05%) 180g: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation, Online Edition, Chapter: Pain, Topical Analgesics, Non-steroidal anti-inflammatory agents (NSAIDs).

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

Decision rationale: The request for 1 container of TGHot (Tramadol 8%, Gabapentin 10%, Camphor 2%, Capsaicin 0.05%) 180g is not medically necessary. The injured worker complained of neck pain rated 7/10, back pain rated 8/10, right shoulder and left shoulder pain rated 7/10, right foot pain rated 8/10, and left foot pain rated 7/10. The injured worker complained of tingling of the 4th and 5th digits of the bilateral hands. The injured worker reported radiation of cervical spine pain to the bilateral shoulders. The California MTUS

Guidelines recommend topical NSAIDs for the use of osteoarthritis and tendinitis, in particular that of the knee and/or elbow and other joints that are amenable. Topical NSAIDs are recommended for short term treatment of 4 weeks to 12 weeks. There is little evidence to utilize topical NSAIDs for the treatment of osteoarthritis of the spine, hip, or shoulder. Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first line oral analgesic. The guidelines do not support the use of Gabapentin as a topical analgesic. Capsaicin is only recommended as an option in patients who have not responded or are intolerant to other treatments. There is no current indication that an increase in Capsaicin over 0.025% formulation would provide any further efficacy. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. The injured worker has been utilizing the medication for an extended period of time since at least 12/2013 which exceeds the guidelines' recommendation of short term use. Therefore, the request is not medically necessary.