

<b>Case Number:</b>	CM14-0098513		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	09/21/2004
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	06/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 56 year old male who had a work related injury on 09/21/04. There is no documentation of the mechanism of injury. Most recent medical record submitted for review is dated 06/04/14. The injured worker is in today for follow up of his work related injury regarding his neck, back, and bilateral upper extremities. Complaints of an aching, burning and stabbing pain in the neck, shoulders, arms and back that rates as 8-9/10 on pain scale, with pins and needles like sensation and numbness. Complaints of aching, burning and stabbing pain in the legs with pins and needles like sensation and numbness that he rates as 8-9/10. He tries to do minimal activities. He is still on an inhaler. Chronic obstructive pulmonary disease is a noted diagnosis. The injured worker has urological problems. Not currently attending any therapy and is not employed. Physical examination reveals no acute distress. He is able to follow basic instructions. Alert and oriented to person, time and place. He has normal gait, although he states that occasionally his hip gives way. Physical examination of cervical spine; the injured worker's head is erect. There is tenderness at the occipital insertion of the paracervical musculature. There is mild tenderness bilaterally in the trapezii. The midline base of the cervical spine is tender. Neurological testing is intact. Range of motion; cervical flexion is 30 degrees with discomfort. Extension is 20 degrees with significant paracervical discomfort. There is inhibition of rotation to the right and left to only 20 degrees. Scapular retraction is limited and produces rhomboid pain. Elbow and wrist range of motion is normal. There is no evidence of instability. The injured worker has a positive head compression sign, but Spurling's maneuver is normal. Bilateral shoulders; inspection there is no evidence of surgical incision or scar. Swelling is absent. Ecchymosis is absent. Tenderness to palpation in the sternoclavicular joint, anterior capsule and acromioclavicular joint. Stability in the acromioclavicular joint is absent. Abduction of right shoulder and left shoulder is 130 degrees. Adduction of bilateral shoulders is 40 degrees.

Extension of both shoulders is 40 degrees. Internal rotation is 75 degrees of both shoulders. External rotation is 75 degrees bilaterally. Flexion is 150 degrees bilaterally. Crepitus on motion is present. Neer's, Hawkins maneuver and impingement sign are positive. O'Brien's test and drop arm test are negative. Apprehension maneuver is negative. Strength in bilateral deltoids, biceps, triceps, wrist flexors and extensors, and hand intrinsics are all rated +4. Sensory pinwheel test shows normal sensation in the upper extremities. Deep tendon reflexes in the upper extremities are 2+ bilaterally. Lumbar examination; tenderness from the thoracolumbar spine down to the base of the pelvis. The bilateral paralumbar musculature is slightly tight. The buttocks are tender. He is unable to fully squat due to pain. He has some tenderness on stress of the pelvis which indicates mild sacroiliac joint symptomatology. Reflexes are intact in the lower extremities. No clonus is present. No gross motor weakness in the lower extremities. Intact pin sensation in the lower extremities. Diagnoses elbow epicondylitis. Shoulder impingement. Cervical discopathy, C5-6. Lumbar sprain/strain. Prior utilization review dated 06/13/14 was denied.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**TG Hot 240g, dos: 05/12/14:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 11.

**Decision rationale:** California Medical Treatment Utilization Schedule, the Official Disability Guidelines and US Food and Drug Administration (FDA) do not recommend the use of compounded medications as these medications are noted to be largely experimental in use with few randomized controlled trials to determine efficacy or safety. Further, the FDA requires that all components of a transdermal compounded medication be approved for transdermal use. This compound contains: gabapentin and tramadol which have not been approved by the FDA for transdermal use. Any compounded product that contains at least one drug (or drug class) that is not recommended and therefore it is not medically necessary.

**Fluriflex 240g, dos: 05/12/14:** 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.

**Decision rationale:** California Medical Treatment Utilization Schedule, the Official Disability Guidelines and US Food and Drug Administration (FDA) do not recommend the use of compounded medications as these medications are noted to be largely experimental in use with

few randomized controlled trials to determine efficacy or safety. Further, the FDA requires that all components of a transdermal compounded medication be approved for transdermal use. This compound contains: cyclobenzaprine which has not been approved by the FDA for transdermal use. Any compounded product that contains at least one drug (or drug class) that is not recommended and therefore it is not medically necessary.