MAXIMUS Federal Services

Case Number:	CM14-0006882		
Date Assigned:	02/07/2014	Date of Injury:	10/14/2013
Decision Date:	01/26/2015	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/17/2014

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 Internal 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 injured worker (IW) is a 40-year-old man with a date of injury of October 14, 2013. The mechanism of injury was not documented in the medical record. The IW has been diagnosed with status post blunt head injury with loss of consciousness; cervical spine musculoligamentous strain/sprain, rule out cervical spine discogenic disease; thoracic spine musculoligamentous strain/sprain; lumbar spine musculoligamentous strain/sprain with radiculitis, rule out lumbar spine discogenic disease; bilateral shoulder strain/sprain, periscapular tendinosis, dyskinesis; bilateral elbow lateral epicondylitis; bilateral wrist strain/sprain, rule out left wrist internal derangement; multiple bilateral lower extremity contusions; bilateral ankle peroneus brevis tear per MRI; left ankle Achilles tendinopathy; and sleep disturbance secondary to pain.Pursuant to the earliest progress note in the medical record dated January 8, 2014, the IW complains of pain in the neck, mid/upper back, lower back, bilateral shoulders/arms, bilateral elbows/forearms, and bilateral wrist/hands. He rates his pain at 5/10. The pain has remained the same since last visit. Objectively, there was tenderness to palpation (TTP) over the paraspinal muscles in the cervical, lumbar and thoracic spine. There is TTP over the right shoulder as well as palpable spasms. The left shoulder has remained the same with restricted range of motion (ROM). There was TTP and palpable spasms present in the bilateral elbows, wrists, forearms, hands, ankles, and feet. The IW is undergoing physical therapy that has helped his ROM by 30%. The treating physician is recommending FluriFlex cream 180 grams, TGHot cream 180 grams, and Tramadol 50mg #60. According to the documentation in the UR, the IW was initially prescribed the above medications on October 23, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluriflex 180GM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Topical Analgesics

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Fluriflex cream #180 is not medically necessary. Fluriflex contains Flurbiprofen 15%, and cyclobenzaprine 10%. Topical analgesics are largely experimental with few controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. In this case, the injured worker's diagnoses are status post blunt head trauma with loss of consciousness; cervical spine sprain/strain; thoracic spine strain/strain; lumbar spine strain/strain with radiculitis; bilateral shoulder sprain/strain; bilateral elbow lateral epicondylitis; bilateral wrist strain/sprain; bilateral lower extremity contusions, multiple; bilateral ankle sprain/strain; left ankle Achilles tendonopathy; and sleep disturbance secondary to pain. Cyclobenzaprine 10% topical is not recommended. Any compounded product that contains at least one drug (cyclobenzaprine 10%) that is not recommended, is not recommended. Consequently, Fluriflex cream is not recommended. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, Fluriflex cream 180gm is not medically necessary.

TGHOT 180 GM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Topical Analgesics

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, TGHOT #180 g is not medically necessary. TGHOT contains tramadol 8%, gabapentin 10%, menthol 1%, Camphor 2% and capsaicin 0.5%. Topical analgesics are largely experimental with few controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Gabapentin is not recommended. Camphor is not

recommended. In this case, the injured worker's diagnoses are status post blunt head trauma with loss of consciousness; cervical spine sprain/strain; thoracic spine strain/strain; lumbar spine strain/strain with radiculitis; bilateral shoulder sprain/strain; bilateral elbow lateral epicondylitis; bilateral wrist strain/sprain; bilateral lower extremity contusions, multiple; bilateral ankle sprain/strain; left ankle Achilles tendon apathy; and sleep disturbance secondary to pain. Gabapentin topical is not recommended. Any compounded product that contains at least one drug (topical gabapentin) that is not recommended, is not recommended. Consequently, TGHOT compound is not recommended. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, TGHOT cream is not medically necessary.

Tramadol 50 MG #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Opiates

Decision rationale: Pursuant to the chronic pain medical treatment guidelines and the official disability guidelines, tramadol 50 mg #60 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany chronic ongoing narcotic use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increase level of function or improve quality of life. In this case, the injured worker's date of injury was October 14 of 2013. The injured worker's diagnoses are status post blunt head trauma with loss of consciousness; cervical spine sprain/strain; thoracic spine strain/strain; lumbar spine strain/strain with radiculitis; bilateral shoulder sprain/strain; bilateral elbow lateral epicondylitis; bilateral wrist strain/sprain; bilateral lower extremity contusions, multiple; bilateral ankle sprain/strain; left ankle Achilles tendon apathy; and sleep disturbance secondary to pain. The earliest progress note in the medical record is in January 2014. The injured worker remains on tramadol 50 mg. There was no documentation in the medical record indicating whether there was subjective or objective improvement. Stated differently, there was no documentation of objective function improvement documented in the medical record regarding tramadol use. There were no pain assessments in the medical record. Consequently, absent the appropriate clinical indication demonstrating objective functional improvement along with subjective symptoms, tramadol 50 mg #60 is not medically necessary.