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| Case Number: | CM14-0126770 | | |
| Date Assigned: | 08/13/2014 | Date of Injury: | 08/20/2004 |
| Decision Date: | 04/15/2015 | UR Denial Date: | 07/17/2014 |
| Priority: | Standard | Application Received: | 08/11/2014 |

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: North Carolina, Georgia
Certification(s)/Specialty: Family Practice

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 female patient, who sustained an industrial injury on 08/20/2004. A primary treating office visit dated 06/09/2014, reported subjective complaint of neck pain, rated a 6 out of 10, bilateral elbow pain rated a 6 out of 10, bilateral forearm pain, bilateral wrist pain, low back pain, bilateral ankle pain and headaches. She did receive a cortisone injection the last visit with no positive effect. She is currently pending neurosurgical consultation. She has undergone electrodiagnostic testing. She had undergone right shoulder surgery in 2006 and lumbar spine surgery in 2012. Objective findings showed cervical spine with palpation elicits 3plus tenderness and hypertonicity over the paracervical muscles bilaterally. Range of motion is limited and painful upon flexion, extension, and rotation. Foraminal compression test is found positive bilaterally. Shoulder decompression test is positive bilaterally and cervical distraction test is positive. Lumbar spine also elicits tenderness upon palpation with hypertonicity over the paralumbar muscles bilaterally. McMurray's, Phalen's and Tinel's all with positive results bilaterally. The assessment noted cervical disc syndrome with bilateral upper extremity radicular symptoms; status post right shoulder surgery in 2006, bilateral carpal tunnel syndrome, left cubital tunnel syndrome, status post lumbar fusion in 2012, with residuals, right knee lateral meniscal tear and left knee medial meniscal tear.

IMR ISSUES, DECISIONS AND RATIONALES

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

TGHot (tramadol 8%, gabapentin 10%, menthol 2%, camphor 2%, capsaicin 0.05%) Cream 180gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 111-113.

Decision rationale: CA MTUS recommends limited use of topical analgesics. There is limited evidence for short-term use of topical NSAID analgesics for osteoarthritis with most benefit seen in use up to 12 weeks but no demonstrated benefit beyond this time period. CA MTUS specifically prohibits the use of combination topical analgesics in which any component of the topical preparation is not recommended. TGHot contains tramadol, gabapentin, menthol, camphor, capsaicin. Gabapentin and menthol are specifically not recommended in CA MTUS so TGHOT is not medically indicated.

Flur-Flex (flurbiprofen 10%, cyclobenzaprine 10%) 180 grams: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 111-113.

Decision rationale: CA MTUS recommends limited use of topical analgesics. These are primarily recommended for neuropathic pain with antidepressants and antiepileptics have failed. CA MTUS specifically prohibits the use of combination topical analgesics in which any component of the topical preparation is not recommended. Muscle relaxants in topical formulation are explicitly not approved in the CA MTUS. As such, the request for Flur-Flex containing cyclobenzaprine is not medically necessary and the original UR decision is upheld.