

Case Number:	CM14-0186573		
Date Assigned:	11/17/2014	Date of Injury:	09/30/2013
Decision Date:	01/05/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/10/2014

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 55 year old female with an injury date of 09/30/13. Based on the 10/10/14 progress report provided by treating physician, the patient complains of pains in the neck that radiates in the pattern of bilateral C6 and C7 dermatomes, pain in the upper, middle and lower back, bilateral shoulders/arms, bilateral elbows/forearms and right wrist/hand. The pain in the neck is rated 7/10, mid and upper back 8/10, lower back 5/10, left shoulder/arm 3/10, right elbow/forearm 6/10, left elbow/forearm 4/10. Physical examination to the cervical, thoracic and lumbar spines revealed tenderness to palpation to the paraspinal muscles rated grade 2. The bilateral shoulders, elbows, forearms, wrists and hands were rated grade 2 and the bilateral shoulders were grade 2-3. Diagnosis 10/10/14 are:- cervical spine musculoligamentous strain/sprain with radiculitis, 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,- bilateral shoulder impingement syndrome,- bilateral elbow strain/sprain,- bilateral elbow lateral epicondylitis,- rule out bilateral wrist carpal tunnel syndrome,- bilateral wrist chronic overuse syndrome,- depression, situational,- sleep disturbance secondary to pain.The utilization review determination being challenged is dated 11/03/14. Treatment reports were provided from 06/04/14 - 10/10/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of topical compound Fluriflex 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Muscle Relaxant.

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

Decision rationale: The patient presents with pain in the neck that radiates in the pattern of bilateral C6 and C7 dermatomes, pain in the upper, middle and lower back, bilateral shoulders/arms, bilateral elbows/forearms and right wrist/hand. The request is for 1 prescription of topical compound Fluriflex 180gm. MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period." Review of reports does not show documentation that patient presents with osteoarthritis. Also, NSAID cream is to be used for short duration of 2 weeks. Requested cream is not in line with MTUS indication. Therefore, the requested medication is not medically necessary and appropriate.

1 Prescription of topical compound TGHOT 180gm: 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 Creams Page(s): 111.

Decision rationale: The patient presents with pain in the neck that radiates in the pattern of bilateral C6 and C7 dermatomes, pain in the upper, middle and lower back, bilateral shoulders/arms, bilateral elbows/forearms and right wrist/hand. The request is for 1 prescription of topical compound TGHOT 180gm. MTUS has the following regarding topical creams (p111, chronic pain section): "Recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily is recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004). Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, Capsaicin, local anesthetics, antidepressants, Glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. in- Gabapentin: Not recommended. There is no peer-reviewed literature to support use." TG Hot cream includes Gabapentin in its formulation. Gabapentin is not recommended by MTUS guidelines. Therefore, the requested medication is not medically necessary and appropriate.

