

Case Number:	CM14-0205548		
Date Assigned:	01/26/2015	Date of Injury:	08/02/2005
Decision Date:	02/28/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	12/09/2014

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 55-year old man sustained an industrial injury on 8/2/2005 resulting in injuries to the low back and right ankle. Current diagnoses include lumbar spine discogenic disease with exacerbation and status post right ankle open reduction and internal fixation with residuals. Treatment has included surgical intervention to the right ankle, physical therapy and oral and topical medications. Physician notes dated 9/3/2014 state that the worker's complaints include pain to the lower back rated 8/10, right lower leg rated 7/10, and right ankle rated 6/10. The physical exam shows tenderness to palpation over the paraspinal muscles, palpable spasm, and restricted range of motion to the lumbar spine. The right lower leg and ankle show tenderness to palpation with restricted range of motion. The right foot shows tenderness to palpation, and no current neurological changes are noted. The worker states that he has experienced benefit from physical therapy with the pain and tenderness, he has been able to increase his activities of daily living 10%, however, has experienced flare ups of the right ankle. Recommendations include continuing physical therapy, prescribing Fluriflex and TGHOT topical medications, and urine toxicology testing. There are additional notes indicating that topical medications were prescribed in an attempt to minimize possible neurovascular complications and other complications associated with narcotic medications and upper GI bleeding from the use of NSAIDs. The worker was determined to be permanent and stationary. Urine toxicology results were positive for cotinine and nicotine only. A follow up appointment with the same provider on 10/15/14 shows the same complaints with slight improvements noted to the pain ratings, tenderness, spasms, and activities of daily living. The recommendations remained the same with the addition

of Motrin. Follow up examination on 12/3/2014 showed similar complaints with further improvement. Recommendations include acupuncture to the low back and right ankle and Norco. On 11/12/2014, Utilization Review evaluated prescriptions for Fluriflex 180 gm topical cream and TGHOT 180 gm topical cream. The UR physician noted that there is no evidence for use of muscle relaxants topically. Further, there is no evidence to support the use of topical opiates in the management of chronic pain. The requests were denied and subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluriflex 180 gm topical cream: 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 analgesic Page(s): 111-113.

Decision rationale: The patient presents with pain the the lower back radiating to right lower extremity. The request is for 1 PRESCRIPTION OF FLURIFLEX 180GM TOPICAL CREAM. The patient states that physical therapy helps to decrease his pain and his activities of daily living have improved by 20%. Patient is not working. MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Non-steroidal antiinflammatory 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 do not show documentation that patient presents with peripheral joint pain/osteoarthritis of the ankle. The patient does have history of ankle fracture but the treater does not indicate that the topical is being used for foot/ankle pain. There is no documentation as to how this topical is being used, and per guidelines, it would not be indicated for the patient's low back condition. Given the lack of adequate documentation regarding it's use and effectiveness, the request IS not medically necessary.

TGHOT 180 gm topical cream: 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 analgesic Page(s): 111-113.

Decision rationale: The patient presents with pain the the lower back radiating to right lower extremity. The request is for 1 PRESCRIPTION OF TGHOT 180GM TOPICAL CREAM. The patient states that physical therapy helps to decrease his pain and his activities of daily living

have improved by 20%. Patient is not working. 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 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", "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. 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 request IS NOT medically necessary.