

Case Number:	CM14-0209622		
Date Assigned:	12/22/2014	Date of Injury:	09/15/1999
Decision Date:	02/19/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	12/15/2014

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

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 is a 61 year old patient with date of injury of 09/15/1999. Medical records indicate the patient is undergoing treatment for cervical/lumbar discopathy, cervicalgia, r/o internal derangement of bilateral knees, cubital tunnel syndrome, s/p bilateral carpal tunnel releases. Subjective complaints include cervical spine pain, described as sharp, radiates down both sides of neck and into upper extremities to the hands with tingling and numbness, headaches, pain is rated 6/10; low back pain described as sharp and burning, radiating into buttocks and down both lower extremities, right greater than left, with numbness and tingling, rated 8/10; bilateral elbow pain, described as sharp and dull and intermittent, with associated tingling and numbness in hands and wrists, rated 4/10; constant pain in bilateral wrist and hands, described as burning with tingling and numbness, rated 8/10; bilateral knee pain described as sharp, throbbing, stabbing and burning, rated 9/10. Objective findings include palpable paravertebral muscle tenderness with spasm, suboccipital tenderness, headaches and migraines, tenderness between shoulder blades; Spurling's positive, limited cervical range of motion, paresthesias in upper extremities, bilateral elbow pain and tenderness, Tinel's sign positive; lumbar spine pain and tenderness across iliac crest, seated nerve root test positive, lumbar range of motion limited; bilateral knee tenderness in anterior joint line space, left greater than right, positive patellar grind test, crepitus with painful range of motion. X-rays of cervical spine dated 10/21/2014 revealed spondylosis at levels of C4 to C7 with junctional kyphotic deformity and some instability. X-rays of lumbar spine dated 10/21/2014 revealed L3 to S1 significant spondylosis, disc space height collapse and

spondylolisthesis at L4-L5 measuring grade 1 to 2 and to a lesser extent at levels L3-L4; severe disc space height collapse of L5-S1 is noted. Treatment has consisted of Norco, physical therapy, lumbar epidural injections, KG Hot transdermal and Flurbiflex. The utilization review determination was rendered on 11/14/2014 recommending non-certification of Retro request for KG Hot 15/10/0.05% transderm 240 gm and Flurbiflex 15/10 transderm 240 gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro request for KG Hot 15/10/0.05% transderm 240 gm: 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, Capsaicin Page(s): 111-113, 28. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams.

Decision rationale: MTUS and ODG recommends usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "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." MTUS recommends topical capsaicin "only as an option in patients who have not responded or are intolerant to other treatments." There is no indication that the patient has failed oral medication or is intolerant to other treatments. Additionally, ODG states "Topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns, a new alert from the FDA warns." As such, the request for Retro request for KG Hot 15/10/0.05% transderm 240 gm is not medically necessary.

Retro request for Flurbiflex 15/10 transderm 240 gm: 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): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams.

Decision rationale: MTUS and ODG recommends usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "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." MTUS states that the only FDA- approved

NSAID medication for topical use includes diclofenac, which is indicated for relief of osteoarthritis pain in joints. Flurbiprofen would not be indicated for topical use in this case. As such, the request for Flurbiflex 15/10 transderm 240 gm is not medically necessary.