

Case Number:	CM15-0169072		
Date Assigned:	09/09/2015	Date of Injury:	08/31/1998
Decision Date:	10/07/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	08/27/2015

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

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 52 year old male who sustained an industrial injury on 08-31-1998. Current diagnoses include failed anterior cervical fusion, posterior cervical fusion with foraminotomy with left iliac crest bone graft C5-C6, C6-C7 with residual, cervical discogenic pain, constant bilateral cervical radicular pain, status post implantation of a cervical dorsal column stimulator, cervicogenic neck pain with cervicogenic headaches, bilateral occipital neuralgia, bilateral lumbosacral radicular pain, stress syndrome, and post-traumatic metabolic syndrome. Report dated 06-29-2015 noted that the injured worker presented with complaints that included low back pain with radiation into both lower extremities with associated numbness, tingling, weakness, and cramps, and neck pain with off and on occipital area headaches with pain radiating into both upper extremities with associated numbness, tingling, weakness, and cramps. Other complaints included right vocal cord paralysis related to complications of first cervical surgery, stress syndrome, and post traumatic metabolic syndrome with weight gain, hypertension, hypercholesterolemia, left sided on and off chest pain, abdominal pain with on and off bloating with on and off abdominal distension. Physical examination revealed mid-line tenderness in the neck, bilateral cervical facet tenderness, bilateral trapezius tenderness, bilateral occipital tenderness, cervical spine movements are painful, lower back mid-line tenderness, bilateral lumbar facet tenderness, mild bilateral sacroiliac and sciatic notch tenderness, thoracic and lumbar spine movements are painful, straight leg raise and Lasegue's testing is positive, decreased sensation bilaterally, and weakness in both the upper and lower extremities. Previous treatments included medications, surgical interventions, blocks, epidural injections, spinal cord stimulator, acupuncture, detox program, physical therapy, trigger point injections, and cognitive behavioral therapy. The treatment plan included continuing medications, prescriptions for

Flurlido-A and Ultraflex-G, continue home exercises and stretching for the cervical spine, continue conservative treatments for the lumbar spine, continue with psychiatric treatments, request for ENT evaluation and treatment, and re-evaluation in four weeks. The utilization review dated 08-06-2015, non-certified the request for Flurlido-A and Ultraflex-G, based on little to no research to support use of topical agents.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurido-A (Rx 06/29/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The California chronic pain medical treatment guidelines section on topical analgesics states: 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) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) 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 is not recommended. The requested medication contains ingredients, which are not indicated per the California MTUS for topical analgesic use. Therefore, the request is not medically necessary.

Ultraflex G (Rx 06/29/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The California chronic pain medical treatment guidelines section on topical analgesics states: 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) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) 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).

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