

Case Number:	CM14-0111215		
Date Assigned:	08/01/2014	Date of Injury:	09/22/2010
Decision Date:	10/23/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/16/2014

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 Occupational Medicine 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 63-year-old female who has submitted a claim for neurologic deficit with spinal compression at L4-5 and L5-S1 status post posterior lumbar interbody fusion with decompression L4-5 and L5-S1 (06/30/2012) associated with an industrial injury date of 02/11/2010. Medical records from 02/17/2014 to 06/13/2014 were reviewed and showed that patient complained of low back pain graded 8/10. Physical examination revealed A well-healed surgical scar, tenderness over left paralumbar muscles, decreased lumbar ROM (range of motion), and intact DTRs and MMT of lower extremities. CT scan of the lumbar spine dated 04/08/2014 revealed some discopathy at L2-3. Treatment to date has included posterior lumbar interbody fusion with decompression L4-5 and L5-S1 (06/30/2012), toradol injection (06/13/2014), trigger point (05/16/2014), cyclobenzaprine (quantity and dosage unavailable; prescribed since 04/17/2014), Norco 10/325mg #90 (prescribed since 03/07/2014), TGHOT (prescribed since 06/13/2014), Fluriflex (prescribed since 06/13/2014), and other pain medications. Of note, the patient stated that Norco was not benefiting her (06/13/2014). There was no documentation of functional outcome from previous medications and treatments. Utilization review dated 07/03/2014 certified the request for Norco 10/325 #90 and Flexeril 10mg #60, one time each for the purpose of weaning. Utilization review dated 07/03/2014 denied the request for Fluriflex and TGHOT Cream because the topical medications have not been adequately proven with regards to overall efficacy and safety.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Norco 10/325 #90 (06/13/2014): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 94-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: According to page 78 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that ongoing opioid treatment should include monitoring of analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors; these outcomes over time should affect the therapeutic decisions for continuation. In this case, the patient was prescribed Norco 10/325mg #90 since 03/07/2014. The patient stated that Norco did not provide benefit. Moreover, there was no objective documentation of functional improvement or pain relief to support extension of treatment. Therefore, the request for Retrospective Norco 10/325 #90 (06/13/2014) is not medically necessary.

Retrospective Flexeril 10mg #60 (06/13/2014): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41,64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

Decision rationale: According to page 41-42 of the CA MTUS Chronic Pain Medical Treatment Guidelines, sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better and treatment should be brief. In this case, the patient has been prescribed Cyclobenzaprine (quantity and dosage unavailable) since 04/17/2014. However, physical findings did not reveal presence of muscle spasms to support use of cyclobenzaprine. Moreover, there was no documentation of functional outcome from previous cyclobenzaprine use. The long-term use of cyclobenzaprine is not in conjunction with guidelines recommendation as well. Therefore, the request for Retrospective Flexeril 10mg #60 (06/13/2014) is not medically necessary.

Fluriflex Cream: Upheld

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

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

Decision rationale: As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, any compounded product that contains at least one drug (or drug class)

that is not recommended is not recommended. Topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. Fluriflex cream contains 2 active ingredients; Flurbiprofen and Cyclobenzaprine. Regarding Flurbiprofen, CA MTUS supports a limited list of NSAID topical which does not include Flurbiprofen. Regarding Cyclobenzaprine, guidelines state that there is no evidence to support the use of cyclobenzaprine as a topical compound. In this case, the patient was prescribed Fluriflex since 06/13/2014. However, Fluriflex contains flurbiprofen and cyclobenzaprine that are both not recommended for topical use. The guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The request likewise failed to specify the quantity of Fluriflex to be dispensed. Therefore, the request for Fluriflex cream is not medically necessary.

TGHot cream: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, Topical Analgesics Page(s): 28, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Topical Salicylates

Decision rationale: TGHot contains Tramadol 8%, Gabapentin 10%, Menthol 2%, Camphor 2%, Capsaicin 0.05%. According to pages 111-113 of the CA MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many these agents. The guidelines do not recommend the use of tramadol for topical use. Gabapentin is not recommended for topical applications. Regarding the capsaicin component, the guideline states there is no current indication that an increase over a 0.025% formulation would provide any further efficacy. Regarding the Menthol component, CA MTUS does not cite specific provisions, but the ODG Pain Chapter issued an FDA safety warning which identifies rare cases of serious burns that have been reported to occur on the skin where menthol or capsaicin were applied. The guidelines do not address camphor. In this case, the patient was prescribed TGHot cream since 06/13/2014. However, capsaicin contains 0.05% capsaicin, gabapentin, and tramadol that are not recommended for topical use. The guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The request likewise failed to specify the quantity of TGHot cream to be dispensed. Therefore, the request for TGHot cream is not medically necessary.