

Case Number:	CM14-0123346		
Date Assigned:	08/08/2014	Date of Injury:	04/04/2014
Decision Date:	10/10/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	08/05/2014

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, and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 47-year-old female was reportedly injured on 4/4/2014. The mechanism of injury was noted as trip and fall. The most recent progress note, dated 5/8/2014, indicated that there were ongoing complaints of right shoulder, right wrist, left knee and low back pains. Physical examination demonstrated pain to the right nuchal, mid-trapezius and upper scapular muscles. Full cervical spine range of motion was noted. There was also negative Spurling's test. Pain was to the low back/buttocks. Lumbar spine range of motion decreased to 30%. There was positive straight leg raise on the left. The patient ambulated slowly with a cane. There were limited right shoulder range of motion and pain along the knee joint, right shoulder and right wrist. MRI lumbar spine 6/13/2014 demonstrated several small disk protrusions without significant canal or foraminal stenosis. MRI of the left knee, dated 6/13/2014, was normal. Previous treatment included physical therapy and medications. A request had been made for TGHOT topical and FluriFlex topical, which was not certified in the utilization review on 7/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

TGHOT Topical: Upheld

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

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

Decision rationale: MTUS Chronic Pain Guidelines state that topical analgesics are largely experimental and any compound product, that contains at least one drug (or drug class), that is not recommended, is not recommended. TGHOT is a topical analgesic that contains tramadol, gabapentin, menthol, camphor and capsaicin. The guidelines indicate gabapentin is not recommended for topical application. As such, this request is not considered medically necessary.

Fluriflex Topical: Upheld

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

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

Decision rationale: MTUS Chronic Pain Guidelines state that topical analgesics are largely experimental and any compound product that contains at least one drug (or drug class), that is not recommended, is not recommended. FluriFlex is a topical analgesic that contains flurbiprofen and cyclobenzaprine. The guidelines state there is no evidence to support the use of topical cyclobenzaprine (a muscle relaxant). As such, this request is not considered medically necessary.