

Case Number:	CM14-0126405		
Date Assigned:	08/20/2014	Date of Injury:	09/17/2013
Decision Date:	10/06/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/08/2014

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 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 injured worker is a 65 year old male who was reportedly injured on 09/17/2013. The mechanism of injury was listed as a slip and fall from an erupted fuel hose from the tank of his truck that drenched him and as he attempted to walk he slipped and fell to his knees with his hands outstretched to help break the fall. Prior treatments included medications and physical therapy which the injured worker stated helped. The injured worker underwent fistula surgery which was undated. X-ray dated 02/28/2014 documented that the anteroposterior lateral views of the left hip and the anteroposterior view of the pelvis showed a significant decrease in the acetabular space in comparison to the femoral head. There was significance arthrosis present and arthritic changes in the left hip. Urinalysis dated 02/28/2014 was performed to monitor the medication compliance of the injured worker. The results were not documented. The last progress report dated 05/30/2014, indicated the injured worker presented for a follow up of the injury to the left hip. Flexing the left knee aggravated the hip complaints. Pain was described as achy with pins and needles sensation and rated 8/10. There was also left thigh and groin pain which was rated 10/10. Upon examination the gait was abnormal. Pelvis appeared to be leveled. Trochanteric region of the left hip was swollen and tender. Range of motion of the left hip was as follows: abduction was at 30 degrees, adduction was at 25 degrees, flexion was at 100 degrees, extension was at 10 degrees and internal and external rotation was at 30 degrees. The internal stress of the pelvis produced pain. Trendelenburg test was positive on the left. The Achilles and knee jerk reflexes were graded 2 bilaterally. The motor power to the hip was weak. The injured worker remained on temporarily total disabled status. A request was made for Fluriflex, TgHot and was not certified on 07/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluriflex (Flubiprofen/Cyclobenzaprine) 15%/10% cream, 240gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111,113.

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

Decision rationale: According to the CA MTUS guidelines, Topical Analgesics is recommended as a treatment option as 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. Many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents. According to the CA MTUS guidelines, muscle relaxants, such as cyclobenzaprine, are not recommended in topical formulation. Furthermore, the CA MTUS/ODG states that the only NSAID that is FDA approved for topical application is Diclofenac (Voltaren 1% Gel). As per the guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Consequently, the request is not medically necessary.

TGHot (Tramadol/Gabapentin/Menthol/Camphor/Capsaicin) 8%/10%/2%/0.05% cream, 240gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111, 112, 113.

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

Decision rationale: TGhot is a combination of Tramadol/Gabapentin/Menthol/Camphor/Capsaicin. According to the CA MTUS guidelines, topical analgesics are an option with specific indications, many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents. According to the guidelines, Gabapentin is not recommended for topical application. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. There is no peer-reviewed literature to support use. Also Tramadol is not recommended for topical use. Per guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Accordingly, the request is not medically necessary.