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| Case Number: | CM14-0147807 | | |
| Date Assigned: | 09/15/2014 | Date of Injury: | 07/15/2006 |
| Decision Date: | 10/16/2014 | UR Denial Date: | 08/26/2014 |
| Priority: | Standard | Application Received: | 09/11/2014 |

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 42-year-old male who reported an injury on 07/15/2006, due to unspecified cause of injury. The diagnoses included complex regional pain syndrome 1 to the right upper extremity. The past treatments included stellate ganglion block on 01/29/2014 that reduced 50% of the pain to the neck, 50% in the arms, medication use was decreased by 50% and functional improvement was increased by 50%, with increase in activity and endurance. The objective findings dated 04/07/2014, revealed no swelling, no hyperflexion, no discoloration, no dysesthesias, positive Tinel's and positive Phalen's. The injured worker had no complaints. There were no medications noted, no prior diagnostics noted. The treatment plan included TG Hot cream and FluriFlex cream. The Request for Authorization was not submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

TGHot cream 240gm: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
TramadolGabapentinTopical CapsaicinTopical Analgesics,Topical Salicylates Page(s): 82.

Decision rationale: The California MTUS guidelines state that topical analgesics are largely in use with few randomized controlled trials, when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. Topical salicylates are recommended. A thorough search of FDA.gov did not indicate that there was a formulation of topical tramadol that had been FDA approved. The approval for tramadol is for oral consumption, which is not recommended as a first line therapy. Gabapentin is not recommended. There is no peer reviewed literature to support the use of capsaicin. It is recommended only as an option in patients who have not responded or are intolerant to other treatments. The clinician's notes indicated that the injured worker had no complaints, no pain level. The guidelines do not recommend any of the components of TG Hot. The request did not indicate a frequency or a dosage. As such, the request for TG Hot cream 240 g is not medically necessary.

FluriFlex cream 240gm: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Topical Cyclobenzaprine Lidocaine Topical Capsaicin Page(s): 72 111 11.

Decision rationale: The California MTUS indicates topical analgesics are 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....Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. Flurbiprofen is classified as a non-steroidal anti-inflammatory agent. This agent is not currently FDA approved for a topical application. As such, the request for FluriFlex cream 240 g is not medically necessary.