

Case Number:	CM14-0152997		
Date Assigned:	09/23/2014	Date of Injury:	03/11/2004
Decision Date:	10/24/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/19/2014

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 Illinois. 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 33-year-old female with a reported date of injury on 03/11/2004. The mechanism of injury was not noted in the records. The diagnoses included lumbar spine sprain/strain, status post gastric bypass surgery, and bilateral lumbar facet arthropathy. The past treatments included pain medication and physical therapy. There was no relevant diagnostic testing included in the notes. There was no relevant surgical history documented in the records. The subjective complaints on 07/11/2014 were low back pain rated at 7/10 to 8/10 when severe and usually about 4/10 to 5/10 in a normal day. The physical exam findings noted decreased range of motion to the lumbar spine, facet loading test is positive bilaterally, straight leg raise is negative, and Patrick's/FABER test is positive bilaterally. The medications included hydrocodone, ProSom, Zanaflex, gabapentin, ranitidine, FluriFlex, and TGIce. The treatment plan was to continue and refill the medications. A request was received for 1 tube of FluriFlex 180 grams and 1 tube of TGIce 180 grams. The request for authorization form was not provided within the records.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 tube of Fluriflex 180 grams: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-1112.

Decision rationale: The request for 1 tube of FluriFlex 180 grams is not medically necessary. The California MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines also state any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The proposed topical compound contains flurbiprofen. Flurbiprofen is a topical NSAID that has been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis. There is a lack of evidence in the clinical notes that the injured worker has osteoarthritis. In the absence of the above, the request is not supported by the guidelines. As such, the request is not medically necessary.

1 tube of TGice 180 grams: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics, Page(s): 111-1112.

Decision rationale: The request for 1 tube of TGIce 180 grams is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines also state any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The individual ingredients of TGIce were not provided for review. In the absence of the ingredients that are being compounded, the request does not meet the evidence based guidelines. As such, the request is not medically necessary.