

Case Number:	CM14-0077519		
Date Assigned:	07/18/2014	Date of Injury:	11/08/2012
Decision Date:	12/24/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/27/2014

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:

This is a female who suffered an industrial related injury. According to the documentation provided the injured worker received extracorporeal shockwave treatments on 1/29/13, 2/5/13, and 7/19/13 for the diagnosis of left shoulder disorder of bursa/tendon/tendinopathy. The treating physician's progress report dated 7/16/13 noted diagnoses of head pain, lumbar spine radiculitis, left shoulder strain/sprain, left shoulder tear and tendinosis, left elbow strain/sprain, left elbow lateral and medial epicondylitis, left wrist strain/sprain, bilateral knee strain/sprain, and right carpal tunnel syndrome. The treating physician's report dated 1/15/14 noted the injured worker had complaints of pain in the lower back that radiated to bilateral L4-5 dermatomes, pain in the left shoulder, left arm, left elbow/forearm, and bilateral knees. The injured worker was prescribed acupuncture to the lumbar spine and left upper extremity 2 times per week for 6 weeks. Fluriflex 10 grams, TGHOT 180 grams, and Tramadol 50mg were also prescribed. On 5/2/14 the utilization review (UR) physician denied the requests for Fluriflex 180 grams, TGHOT 180grams, and Tramadol 50mg #60. Regarding Fluriflex the UR physician noted there was no evidence that the injured worker had failed first line oral analgesics and therefore the request is not medical necessary. Regarding TGHOT the UR physician noted the documentation provided did not identify any conditions for which treatment with components such as tramadol would be supported topically and why topical treatment would be preferred to the use of oral medication. Regarding Tramadol, one month of this medication was certified but the UR physician noted there is no documentation of functional benefit with ongoing use of Tramadol. The UR physician noted ongoing use of chronic opioids is recommended for one moth to allow the treating physician to provide documentation of functional benefit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluriflex 180 gm: 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: Fluriflex is a compounded medication containing Flurbiprofen/Cyclobenzaprine 15/10%. Cyclobenzaprine is a muscle relaxant. According to the MTUS, there is little to no research to support the use of many of these Compounded Topical Analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is no evidence for use of any muscle relaxant as a topical product. Fluriflex 180 gm is not medically necessary.

TGHOT 180 gm: 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: TG Hot is a compounded medication with the ingredients Tramadol/Gabapentin/Menthol/Camphor/Capsaicin, 8/10/2/.05%. One of the ingredients is gabapentin. According to the MTUS, there is little to no research to support the use of many of these Compounded Topical Analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Gabapentin is not recommended. There is no peer-reviewed literature to support use. TGHOT 180 gm is not medically necessary.

Tramadol 50 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. There is no documentation of a trial of a first-line oral analgesic or of functional improvement which would support the continued long-term use of tramadol. Tramadol 50 mg #60 is not medically necessary.

