

Case Number:	CM13-0066009		
Date Assigned:	01/03/2014	Date of Injury:	04/24/2006
Decision Date:	04/20/2015	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/16/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Internal Medicine

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 62 year old male, who sustained an industrial injury on April 24, 2006. He reported an injury to his right hand. The injured worker was diagnosed as having contusion and sprain of left knee, meniscus tear of left knee, degenerative arthritis of left knee, musculoligamentous strain of right shoulder, rotator cuff tear of right shoulder, sprain of right wrist and previous electrodiagnostic evidence of right carpal tunnel syndrome. Treatment to date has included rest, ice, exercise, stretching, diagnostic studies, surgery, physical therapy and medications. Currently, the injured worker complains of right shoulder, right elbow, right wrist, hand, bilateral knee and left shoulder pain. He reported difficulties with activities of daily living regarding self-care and personal hygiene. The treatment plan includes continuing physical therapy for evaluation and treatment of the bilateral knees, FluriFlex 180gm, TGHot 180gm and a request for a series of 3 Synvisc injections to the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

TGHot (unspecified quantity): 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 Page(s): 111-113.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address topical analgesics. Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. Gabapentin is not recommended. There is no peer-reviewed literature to support use. There is no evidence for use of any other antiepilepsy drug as a topical product. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The medical records document a history of knee, shoulder, and wrist conditions. Topical TGHOT, which contains Gabapentin, Tramadol, Menthol, Camphor, and Capsaicin, was requested. MTUS guidelines do not support the use of topical products containing Gabapentin. Per MTUS, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the request for a topical TGHOT which contains Gabapentin is not supported by MTUS guidelines. Therefore, the request for TGHOT is not medically necessary.

Flurflex creams (unspecified quantity): 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 and NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 111-113; 67-73.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address topical analgesics. Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. There is no evidence for use of a muscle relaxant as a topical product. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The efficacy in clinical trials of topical NSAIDs has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be either not superior to placebo after two weeks, or with a diminishing effect after two weeks. For osteoarthritis of the knee, topical NSAID effect appeared to diminish over time. There are no long-term studies of their effectiveness or safety for chronic musculoskeletal pain. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Topical NSAIDs are not recommended for neuropathic pain as there is no evidence to support use. MTUS Chronic Pain Medical Treatment Guidelines addresses NSAIDs (non-steroidal anti-inflammatory drugs). All NSAIDs have the U.S. Boxed Warning for associated risk of adverse cardiovascular events, including, myocardial infarction, stroke, and new onset or worsening of pre-existing hypertension. NSAIDs can cause ulcers and bleeding in the stomach and intestines at any time during treatment. Use of NSAIDs may compromise renal function. FDA package inserts for NSAIDs recommend periodic lab monitoring of a CBC complete blood count and chemistry profile including liver and renal function tests. It is generally recommended that the lowest effective dose be used for all NSAIDs

for the shortest duration of time. The medical records document a history of knee, shoulder, and wrist conditions. The topical Fluriflex, which contains Flurbiprofen and Cyclobenzaprine, was requested. Medical records document the long-term use of NSAIDs. Per MTUS, it is generally recommended that the lowest dose be used for NSAIDs for the shortest duration of time. Long-term NSAID use is not recommended by MTUS. MTUS guidelines do not support the use of topical NSAIDs. MTUS Chronic Pain Medical Treatment Guidelines do not support the use of topical products containing the muscle relaxant Cyclobenzaprine. Per MTUS, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. MTUS does not support the use of a topical analgesic containing the muscle relaxant Cyclobenzaprine. The request for a topical Fluriflex is not supported by MTUS guidelines. Therefore, the request for Fluriflex is not medically necessary.