

<b>Case Number:</b>	CM14-0072228		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	02/19/2000
<b>Decision Date:</b>	06/02/2015	<b>UR Denial Date:</b>	04/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2014

### 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. 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: New York  
 Certification(s)/Specialty: Emergency 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 53-year-old male who sustained an industrial injury on February 19, 2000. Previous treatment includes medications and topical creams. Currently the injured worker complains of ongoing aching pain in the neck, right shoulder and arm and low back. He reports numbness in the right upper and right lower extremity extending to the foot. Diagnoses associated with the request include cervicothoracic strain, right shoulder impingement syndrome, lumbar strain and lumbar facet disorder, lumbar radiculopathy, thoracic fracture and head trauma. The treatment plan includes Norco, FluriFlex, home exercise program, physical therapy, TGHOT and orthopaedic re-evaluation. On April 23, 2014, Utilization Review modified a request for Norco and noncertified request for FluriFlex cream, TGHOT, and an orthopedic evaluation. Ca MTUS chronic pain and ACOEM guidelines were cited in support of the decision.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-81, 86.

**Decision rationale:** CA MTUS, chronic pain guidelines, offer very specific guidelines for the ongoing use of narcotic pain medication to treat chronic pain. These recommendations state that the lowest possible dose be used as well as "ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects." It also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications. The included documentation fails to include the above-recommended documentation. In addition, the request does not include dosing frequency or duration. There is not toxicology report included in the record. The request for opiate analgesia is not medically necessary.

**FluriFlex cream 180gm:** 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): 111-112.

**Decision rationale:** CA MTUS guidelines state the efficacy of topical NSAIDs is greatest in the first 2 weeks of use. They are "recommended for short-term use (4-12 weeks)." In addition, guidelines state, "there is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder." The IW medical diagnoses largely involve conditions related to the spine; however, knee pain is also documented. The documentation does not indicate where the IW is applying the cream. Documents support the IW has been using this cream for a minimum of 6 months. Additionally, the dosing and frequency of the cream is not included in the request. This exceeds the recommended number of weeks. The request for FluriFlex cream is not medically necessary.

**TGHot cream 180gm:** 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 Analgesia Page(s): 113.

**Decision rationale:** TGHot is a topical compound agent that includes Tramadol, gabapentin, menthol, camphor, and capsaicin. According to CA MTUS chronic pain guidelines, in one of the component is not recommended the compounded agent is not recommended. MTUS states topical gabapentin is not recommended. The request for TGHot is not medically necessary.

**Orthopedic re-evaluation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 289, 296, 305,306.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306.

**Decision rationale:** The IW has previous has evaluation by an orthopedic provider. The consultation dated 4/3/2014 states the IW was not in physical therapy. Evaluation on this day request for a re-visit in 6 weeks. Any follow-up consults were not included. It is unclear what subsequent orthopedic evaluations were conducted. According to CA MTUS ACOEM, surgery is considered in the first 3 months after an acute low back injury only if spinal pathology is not responding to conservative treatments. Recommendations further states that "80 percent of patients with apparent surgical indications recover with or without surgery." The IW has had evaluations, no progress in pain control or functional ability has been documented. The request for a re-evaluation by an orthopedic provider is not medically necessary.