

Case Number:	CM14-0002476		
Date Assigned:	01/24/2014	Date of Injury:	03/31/2009
Decision Date:	09/29/2015	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/07/2014

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: California, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 49-year-old female who sustained an industrial injury on March 31, 2009 resulting in upper and lower back pain, as well as right elbow and wrist pain. She was diagnosed with lumbar disc degeneration, radiculopathy and arthropathy; L5-S1 annular tear; cervical radiculopathy; and, right ulnar nerve compression. Documented treatment included right-sided cubital tunnel and carpal tunnel releases; physical therapy; Toradol and B12 injections; transforaminal epidural steroid injections with 50 percent relief noted; home exercise; and, medication including Tramadol ER, Gabapentin, Hydrocodone, Pantoprazole, and Ibuprofen. The injured worker complained of ongoing back, elbow and wrist pain, and hypersensitivity of post-surgical scars. The treating physician's plan of care includes compound creams including TGICE: Tramadol-Gabapentin-menthol-camphor; and, Fluriflex: Flurbiprofen-cyclobenzaprine. Current work status is not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluriflex (Flurbiprofen 15%, Cyclobenzaprine 10%) Cream 180gm (to be applied to the affected area twice daily): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: Regarding the request for Fluriflex (Flurbiprofen 15%, Cyclobenzaprine 10%) Cream 180gm (to be applied to the affected area twice daily), the CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Topical NSAIDs are indicated for "Osteoarthritis and tendonitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." Muscle relaxants drugs are not supported by the CA MTUS for topical use. Within the documentation available for review, none of the abovementioned criteria have been documented. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient, despite guideline recommendations. In light of the above issues, the currently requested Fluriflex (Flurbiprofen 15%, Cyclobenzaprine 10%) Cream 180gm (to be applied to the affected area twice daily) is not medically necessary.

TGICE (Tramadol 8%, Gabapentin 10%, Menthol 2%, Camphor2%) Cream 180gm (to be applied to the affected area twice daily): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: Regarding the request for TGICE (Tramadol 8%, Gabapentin 10%, Menthol 2%, Camphor2%) Cream 180gm (to be applied to the affected area twice daily), the CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Tramadol is not supported in topical form. Regarding topical gabapentin, Chronic Pain Medical Treatment Guidelines state that topical anti-epileptic medications are not recommended. They go on to state that there is no peer-reviewed literature to support their use. Within the documentation available for review, none of the abovementioned criteria have been documented. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient, despite guideline recommendations. In light of the above issues, the currently requested TGICE (Tramadol 8%, Gabapentin 10%, Menthol 2%, Camphor2%) Cream 180gm (to be applied to the affected area twice daily) is not medically necessary.