

<b>Case Number:</b>	CM13-0021359		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	07/06/2009
<b>Decision Date:</b>	02/11/2014	<b>UR Denial Date:</b>	08/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, has a subspecialty in Pulmonary Disease 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 physician 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 patient is a 35-year-old female who reported a work-related injury on 07/06/2009; the mechanism of injury was not stated. The patient presents for treatment of bilateral wrist pain. The clinical note with the most recent physical exam of the patient dated 04/09/2013 performed by [REDACTED] revealed the patient reports improved bilateral wrist symptomatology; however, associated numbness, tingling, and pain were still noted. The provider documented examination of the bilateral wrists revealed mild tenderness to palpation in the carpal tunnel. Tinel's and Phalen's signs were negative to the right and positive to the left.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TGHot (Tramadol/Gabapentin/Menthol, Camphor, Capsaicin 8/10/2/.05 percent) cream 180gm BID:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

**Decision rationale:** The current request is not supported. The clinical documentation submitted for review fails to evidence support for the patient's utilization of the requested topical

analgesics. The clinical notes did not document the patient's reports of efficacy with treatment as evidence by decrease in rate of pain on a visual analog scale or increase in objective functionality. Additionally, California Medical Treatment Utilization Schedule (MTUS) indicates topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Furthermore, California Medical Treatment Utilization Schedule (MTUS) indicates topical gabapentin is not recommended. There is no peer-reviewed literature to support its use. Therefore, given all of the above, the request for TGHOT (Tramadol/Gabapentin/Menthol, Camphor, Capsaicin 8/10/2/.05 percent) cream 180gm BID is not medically necessary or appropriate.

**Fluriflex (Flurbiprofen/ cyclobenzaprine 15/10 percent) cream 180 gram BID:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

**Decision rationale:** The current request is not supported. The clinical documentation submitted for review fails to evidence support for the patient's utilization of the requested topical analgesics. The clinical notes did not document the patient's reports of efficacy with treatment as evidence by decrease in rate of pain on a visual analog scale or increase in objective functionality. Additionally, California Medical Treatment Utilization Schedule (MTUS) indicates topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. California Medical Treatment Utilization Schedule (MTUS) additionally reports there is no evidence for use of any other muscle relaxant as a topical product. Therefore, given all of the above, the request for Fluriflex (Flurbiprofen/ cyclobenzaprine 15/10 percent) cream 180 gram BID for pain is not medically necessary.