

Case Number:	CM13-0023785		
Date Assigned:	11/15/2013	Date of Injury:	01/14/2008
Decision Date:	01/23/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	09/12/2013

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 Anesthesiologist, has a subspecialty in Pain 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 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.

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 30-year-old male who reported an injury on 01/2005-04/2008. According to the clinical documentation submitted, the patient sustained a repetitive injury working as a hematology reagent specialist which required him to repetitively lift and bend and carry materials. The patient complained of bilateral hand numbness and tingling and also low back pain that radiated to bilateral extremities. The patient was diagnosed with mild thoracic discopathy, lumbar discopathy, a large herniated nucleus pulposus with disc collapse at L5 -S1 verified by MRI, and also status post right carpal tunnel release. The patient was recommended to continue his home exercise program, medication and topical analgesics.

IMR ISSUES, DECISIONS AND RATIONALES

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

**TGHot (Tramadol 8%, Gabapentin 10%, Menthol 2%, Camphor 2%, Capsaicin 5%)
180mg:** Upheld

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

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state any compounded product that contains at least one drug (or drug class) that is not recommended for

use. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. Gabapentin is not recommended as a topical formulation as there is no peer-reviewed literature to support use. Capsaicin is not recommended in formulations over 0.025% and the requested formulation of Capsaicin is 5%. The clinical documentation submitted for review states that the patient is currently taking oral pain medication and muscle relaxants. No objective clinical documentation was submitted as to the efficacy of these medications. As stated in the guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. As such, the TGHOT submitted request is non-certified.

FluriFlex (Flurbiprofen 15%, Cyclobenzaprine 10% cream) 180mg: Upheld

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

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines does state any compounded product that contains at least one drug (or drug class) that is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. CA MTUS guidelines stated that NSAIDs (Non-Steroidal Anti-Inflammatory Drugs) topical analgesics are not recommended for neuropathic pain as there is no evidence to support its use. CA MTUS guidelines also state there is no evidence for use of any other muscle relaxant as a topical product. The clinical documentation submitted for review states that the patient is currently taking oral pain medication and muscle relaxants. No objective clinical documentation was submitted as to the efficacy of these medications. As stated in the guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended. As such, the request submitted for FluriFlex is non-certified.