

<b>Case Number:</b>	CM13-0026942		
<b>Date Assigned:</b>	10/16/2013	<b>Date of Injury:</b>	06/03/2009
<b>Decision Date:</b>	05/05/2014	<b>UR Denial Date:</b>	09/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/20/2013

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and Pain Management has a subspecialty in Interventional Spine 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 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/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 45 Years Old male with date of injury of 06/03/2009. The listed diagnoses per [REDACTED] dated 06/10/2013 are: 1. Status post L5 fusion, 2012 2. Status post left shoulder surgery, 2012 3. Right de Quervain's syndrome According to progress report dated 06/10/2013 by [REDACTED], the patient presents with back, left shoulder and right wrist pain. He is taking his medication regularly and reports no adverse side effects. Physical examination of the left shoulder revealed tenderness over the rotator cuff muscle. The patient has a positive apprehension test and Impingement sign on the left shoulder. The patient has tenderness over the paravertebral area and bilateral sacroiliac joints. Straight leg raise is positive on the left and Kemp's test is positive bilaterally. Treater is requesting a compound cream TGHOT, Tramadol, Gabapentin 180 gm and Flurflex 180 gm.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 PRESCRIPTION OF COMPOUND CREAM TGHOT, TRAMADOL, GABAPENTIN 180GM: Upheld**

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

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

**Decision rationale:** This patient presents with back, left shoulder and right wrist pain. The treater is requesting for a compound TGHot, Tramadol and Gabapentin 180gm. TGHot cream is a combination of tramadol/Gabapentin/Menthol/Camphor/Capsaicine. MTUS guidelines p111 states for Topical Analgesics: "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." MTUS further states: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In this case, both Tramadol and Gabapentin compounds are not recommended as a topical compound per MTUS. Therefore, the request for compound cream Tghot, Tramadol, Gabapentin 180gm is not medically necessary and appropriate.

**FLURFLEX 180GM:** Upheld

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

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

**Decision rationale:** This patient presents with back, left shoulder and right wrist pain. The request is for Fluriflex topical cream which is a combination of flurbiprofen 15% cyclobenzaprine 10%. MTUS guidelines p111 states for Topical Analgesics: "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." MTUS further states: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In this case, cyclobenzaprine is not recommended as a topical product. Therefore, the request of Fluriflex 180gm is not medically necessary and appropriate