

Case Number:	CM13-0068417		
Date Assigned:	01/03/2014	Date of Injury:	05/10/2012
Decision Date:	04/11/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/19/2013

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 Internal Medicine and Emergency Medicine, and is licensed to practice in Florida. 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:

This patient is a 58 year-old with a date of injury of 05/10/12. A progress report associated with the request for services, dated 10/18/13, identified subjective complaints of neck pain and "upper extremity." Objective findings included cervical tenderness, spasm, and "motion is reduced to the shoulders and upper extremity." She is described as having weakness. Diagnoses included cervical discopathy with left-sided C5-6 radiculopathy. Treatment has included oral analgesics. A Utilization Review determination was rendered on 11/22/13 recommending non-certification of FluriFlex and TGIce Creams.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLURIFLEX CREAM 180 GM: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Topical Analgesics Section.

Decision rationale: FluriFlex is a topical compound containing flurbiprofen and cyclobenzaprine. The Chronic Pain Medical Treatment Guidelines state that topical analgesics

are recommended as an option in specific circumstances. However, they do state that they are "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." Flurbiprofen 15% is an NSAID (non-steroidal anti-inflammatory drug) being used as a topical analgesic. The Chronic Pain Medical Treatment Guidelines note that the efficacy of topical NSAIDs in clinical trials has been inconsistent and most studies are small and or short duration. Recommendations primarily relate to osteoarthritis where they have been shown to be superior to placebo during the first two weeks of treatment, but either not afterward, or with diminishing effect over another two week period. The Guidelines also state that there is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. They are indicated for relief of osteoarthritis pain in joints that lend themselves to treatment (ankle, elbow, foot, hand, knee, and wrist). In neuropathic pain, they are not recommended as there is no evidence to support their use. The Official Disability Guidelines (ODG) also does not recommend them for widespread musculoskeletal pain. The only FDA approved topical NSAID is diclofenac. Ketoprofen is not approved and "... has an extremely high incidence of photocontact dermatitis and photosensitization reactions." Cyclobenzaprine 10% is a muscle relaxant being used as a topical analgesic. The Chronic Pain Medical Treatment Guidelines specifically state that there is no evidence for baclofen or any other muscle relaxant as a topical product. Therefore, there is no necessity for the addition of cyclobenzaprine in the topical formulation for this patient. The Guidelines further state: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The request for FluriFlex (Flurbiprofen 10%/Cyclobenzaprine 10%) cream, 180 gm, is not medically necessary or appropriate.

TGICE CREAM 180 GM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 90-91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Topical Analgesics Section, and the Low Back Chapter, Biofreeze Cryotherapy Gel Section, in addition to the website 'www.updates.pain-topics.org'.

Decision rationale: TGICE is a combination of Tramadol 8%, Gabapentin 10%, Menthol 20%, and Camphor 2%. The Chronic Pain Medical Treatment Guidelines state that topical analgesics are recommended as an option in specific circumstances. However, they do state that they are "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." The efficacy of topical Tramadol is not specifically addressed in the MTUS or the ODG. There is some data that topical Tramadol has efficacy directly at an acute postsurgical site. However, there is insufficient data to assure that significant systemic absorption does not occur. Lacking definitive data on the efficacy of topical Tramadol, the medical record does not document neuropathic pain that has failed antidepressant or anticonvulsant therapy. Gabapentin is an anti-epilepsy drug. The California Medical Treatment Utilization Schedule (MTUS) states that topical analgesics are primarily recommended when other modalities could

not be tolerated or have failed. They are primarily recommended for neuropathic pain. The Chronic Pain Medical Treatment Guidelines further state that gabapentin is: "Not recommended. There is no peer-reviewed literature to support its use." Menthol is a topical sometimes used for cryotherapy. The Medical Treatment Utilization Schedule (MTUS) does not specifically address menthol as a topical analgesic. However, at-home applications of local heat or cold to the neck are considered optional. The Official Disability Guidelines (ODG) state that Biofreeze (menthol) is recommended as an optional form of cryotherapy for acute pain. Studies on acute low back pain showed significant pain reduction after each week of treatment. There is no recommendation related to the use of menthol for chronic pain. The ODG further states: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In this case, there is no documented failure of conventional treatment or recommendation for all the ingredients of the compound. The request for TGIce Cream (Tranadol 8%/Gabapentin 10%/Methanol 20%/Camphor 2%) 180 gm is not medically necessary or appropriate.