

<b>Case Number:</b>	CM14-0005851		
<b>Date Assigned:</b>	02/05/2014	<b>Date of Injury:</b>	09/23/2004
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	12/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2014

### 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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Texas. 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 56 year old male who sustained an injury on 09/23/04 when he forcefully flexed the left knee causing pain. The patient had been followed for persistent complaints of left shoulder pain and low back and left elbow pain. It appeared that the patient had side effects from Tramadol. The patient was seen on 11/26/13 with continuing complaints of left shoulder and low back pain. On physical examination there was tenderness to palpation of the acromioclavicular joint with tenderness in lumbar paraspinal musculature. The patient received a subacromial injection at this visit. Prescribed medications included Norco 10/325mg for breakthrough pain. Topical medications were recommended including Fluriflex cream containing cyclobenzaprine and Flurbiprofen and a TGICE cream containing Tramadol, gabapentin, menthol, and camphor.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FLURIFLEX CREAM 180MG X2 DAILY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Topical Analgesics,.

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

**Decision rationale:** In regards to the compounded topical medication Fluriflex that contains cyclobenzaprine and Flurbiprofen; this reviewer would not have recommended this medication as medically necessary. Topical compounded medications in the treatment of chronic pain are considered experimental/investigational by guidelines. This was due to the limited evidence in the clinical literature establishing that these medications were effective in treatment of chronic musculoskeletal pain. Furthermore neither cyclobenzaprine nor Flurbiprofen are FDA approved for transdermal use. There was no indication that the patient had been unable to tolerate oral medications or that they were otherwise contraindicated. As such this reviewer would not have recommended this compounded topical medication as medically necessary.

**TGICE CREAM 180GM X2 DAILY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Topical Analgesics.

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

**Decision rationale:** In regards to the TGICE cream, this reviewer would not have recommended this topical medication as medically necessary. Per guidelines topical compounded medications were generally considered experimental/investigational in the treatment of chronic musculoskeletal complaints. There was limited evidence within the clinical literature establishing the efficacy of topical compounded medications for musculoskeletal pain. Furthermore the transdermal use of either both Tramadol and gabapentin is not FDA approved. There was also no indication that the patient had been unable to tolerate oral medications or that oral medications were otherwise contraindicated. As such this reviewer would not have recommended this medication as medically necessary.