

<b>Case Number:</b>	CM14-0006225		
<b>Date Assigned:</b>	02/07/2014	<b>Date of Injury:</b>	03/08/2013
<b>Decision Date:</b>	08/04/2014	<b>UR Denial Date:</b>	12/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2014

### 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 Occupational 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 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:

Patient is a 43-year-old female who has submitted a claim for cervical disc disease, cervical radiculopathy, thoracic disc disease, thoracic radiculopathy, lumbar disc disease, lumbar radiculopathy, lumbar facet syndrome and bilateral facet arthropathy associated with an industrial injury date of 3/8/13. Medical records from 2013 were reviewed which revealed intermittent severe head pain that increased with bright light and prolonged positioning. There was constant, severe neck pain that increased with head rotation. Low back pain was also persistent which was aggravated by prolonged sitting and walking. This was accompanied by shooting pain down the buttocks and legs. Physical examination showed spasm and tenderness to bilateral cervical paraspinal muscles from C4-C7. Spasm and tenderness of bilateral thoracic paraspinal muscles from T5-T10 were noted. Axial compression, distraction and shoulder depression tests were all positive. Bilateral Kemps, Straight leg raise and Yeoman tests were also positive. Treatment to date has included, chiropractic sessions, Ketorolac 60 mg injections, home exercise program, Dexamethasone/ketorolac 4/30 mg injection and acupuncture sessions. Medications taken include, Norco, Ultracet, Orphenadrine ER, Acetaminophen, Fentanyl, Tylenol and Amitriptyline. Utilization review from 1/23/14 denied the requests for Flurflex, TGHOT and Urine drug screen. Flurflex and TGHOT were denied because guidelines do not recommend topical medications unless there is neuropathic pain that has failed a trial of SSRI, TCA or Gabapentin. Regarding urine drug screening, it was denied because there was no suspected abuse of drug that would warrant urine drug screen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurflex (Flurbiprofen 15% / Cyclobenzaprine 10%) 180gms:** 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 Analgesic Page(s): 111-113.

**Decision rationale:** As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. CA MTUS supports a limited list of NSAID topical, which does not include Flurbiprofen. Regarding Cyclobenzaprine, guidelines state that there is no evidence to support the use of cyclobenzaprine as a topical compound. There is no discussion in the documentation concerning the need for use of unsupported topical analgesics. Therefore, the request for Flurflex (Flurbiprofen 15% / Cyclobenzaprine 10%) 180gms is not medically necessary.

**TGHOT (Tramadol 8% / Gabapentin 10% / Menthol 2% / Camphor 2% / Capsaicin 0.05%) 180gms:** 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): 28, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Salicylate topicals.

**Decision rationale:** As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. TGHOT has 5 active ingredients; Tramadol in 8% formulation, Gabapentin in 10% formulation, Menthol in 2% formulation, Camphor in 2% formulation and Capsaicin in 0.05% formulation. Regarding Tramadol, it is indicated for moderate to severe pain, but is likewise not recommended for topical use. Regarding Gabapentin, CA MTUS does not support the use of gabapentin as a topical formulation. Regarding Menthol, Camphor and Capsaicin; CA MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is no discussion in the documentation concerning the need for use of unsupported topical analgesics. Therefore, the request for TGHOT (Tramadol 8% / Gabapentin 10% / Menthol 2% / Camphor 2% / Capsaicin 0.05%) 180gms is not medically necessary.

**Urine Drug Screen:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), TWC, regarding Pain (updated 6/7/13), Criteria for Use of Urine Drug Testing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screening Page(s): 43.

**Decision rationale:** As stated on page 43 of CA MTUS Chronic Pain Medical Treatment Guidelines state that a urine drug screen is recommended to assess for the use or the presence of illegal drugs, to assess for abuse, to assess before a therapeutic trial of opioids, addiction, or poor pain control in patients under on-going opioid treatment. In this case, patient is currently on benzodiazepine and narcotics. Progress report dated 12/19/2013 mentioned that patient was recommended to undergo urine drug screening to establish a baseline and to ensure compliance with medications. In addition, urine drug screening was recommended to ensure that patient is not taking medications from multiple sources. Guidelines have been met. Therefore, the request for Urine Drug Screen is medically necessary.