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| <b>Case Number:</b>   | CM14-0007299 |                              |            |
| <b>Date Assigned:</b> | 02/10/2014   | <b>Date of Injury:</b>       | 05/22/2006 |
| <b>Decision Date:</b> | 07/03/2014   | <b>UR Denial Date:</b>       | 12/30/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/20/2014 |

### 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 Anesthesiology, has a subspecialty in Pain Management 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 68-year-old female who has submitted a claim for cervical intervertebral disc displacement, tear of medial cartilage or meniscus of knee and osteoarthritis associated with an industrial injury date of May 22, 2006. The medical records from 2013 were reviewed showing that patient complained of low back pain with radiation to buttocks, legs, knees and feet. Patient likewise complained of cervical pain with radiation to shoulders, graded 7/10. Physical examination revealed tenderness and spasm of the cervical and lumbar spine with decreased ROM due to pain. The treatment to date has included pain medications and muscle relaxants. In utilization review from December 31, 2013 denied the request for TGHOT Cream- unspecified strength and quantity, Flurflex Cream unspecified strength and quantity, Injection Bilateral Knees because there was insufficient evidence of failure of first-line and/or conservative treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TGHOT CREAM- UNSPECIFIED STRENGTH AND QUANTITY:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, Topical Analgesics Page(s): 28, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Topical Salicylates.

**Decision rationale:** TGHOT contains tramadol 8%/ gabapentin 10%/ menthol 2%/ camphor 2%/ capsaicin 0.05%. As noted on pages 111-113 of the CA MTUS Chronic Pain Medical Treatment Guidelines, many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Tramadol is indicated for moderate to severe pain. Gabapentin is not recommended for use as a topical analgesic. Regarding the Capsaicin component, CA MTUS Chronic Pain Medical Treatment Guidelines on page 28 states that topical Capsaicin is only recommended as an option when there was failure to respond or intolerance to other treatments; with the 0.025% formulation indicated for osteoarthritis. Regarding the Menthol component, 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. The guidelines do not address camphor. In this case, there is no clear indication to support the use of this medication. There is no discussion concerning need for variance from guidelines. TGHOT contains drug components that are not recommended for topical use. Therefore, the request for TGHOT Cream- unspecified strength and quantity was not medically necessary.

**FLURFLEX CREAM UNSPECIFIED STRENGTH AND QUANTITY:** 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:** Flurflex contains flurbiprofen 10% and cyclobenzaprine 10%. According to CA MTUS Chronic Pain Medical Treatment Guidelines pages 111-113, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Gabapentin is not recommended for use as a topical analgesic. In addition, there is little to no research as for the use of flurbiprofen in compounded products. Both components of this ointment is not recommended for topical use. Therefore, the request for Flurflex Cream unspecified strength and quantity was not medically.

**INJECTION BILATERAL KNEES:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, Hyaluronic acid injections.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, Hyaluronic acid injections.

**Decision rationale:** The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, Official Disability Guidelines (ODG) Knee and Leg Chapter was used instead. ODG states that Visco-supplementation injections are recommended in patients with significantly symptomatic osteoarthritis. A systematic review on the efficacy and safety of repeat courses of hyaluronan therapy in patients with OA of the knee concluded that repeat courses of the hyaluronans are safe and effective in the treatment of pain associated with OA of the knee. In this case, the patient complains of bilateral knee pain and diagnosed as a case of osteoarthritis. However, medical records submitted lacked evidence concerning failure of conservative treatment. There is no compelling rationale for Visco-supplementation injection at this time. Therefore, the request for injection to bilateral knees is not medically necessary.