

<b>Case Number:</b>	CM14-0009906		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	01/24/2013
<b>Decision Date:</b>	08/11/2014	<b>UR Denial Date:</b>	01/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/24/2014

### 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:

The patient is a 55-year-old female who has submitted a claim for lumbago, displacement of lumbar intervertebral disc without myelopathy, lumbar facet joint syndrome/hypertrophy, and myalgia; associated with an industrial injury date of 01/24/2013. Medical records from 2013 to 2014 were reviewed and showed that patient complained of intermittent low back pain, graded 7/10, radiating to the left leg and knee. Pain is aggravated by repetitive movement and cold weather, and reduced by medication, rest, and heat. Patient also complains of weakness, decreased energy, and difficulty sleeping due to pain. Physical examination showed limited range of motion of the lumbar spine. Kemp's test was negative. Straight leg raise test was positive bilaterally. Reflexes for the knees were absent on the right and diminished on the left. Manual testing was normal. Sensation was intact. MRI of the lumbar spine, dated 03/11/2013, revealed an annular tear at the level of L4-L5, and mild bilateral neural foraminal narrowing and facet hypertrophy at the level of L5-S1. Treatment to date has included medications, physical therapy, TENS, Extracorporeal shockwave therapy, and epidural steroid injection. Utilization review, dated 01/15/2014, denied the request for Fluriflex because topical NSAIDs are not recommended for treatment of spinal pain; and denied the request for TGHOT because the patient is taking tramadol, and there is no benefit from duplicating the medication topically.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fluriflex 180gm:** 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): 112.

**Decision rationale:** Furiflex is a brand name for Flurbiprofen 15% and Cyclobenzaprine 10%. According to CA MTUS Chronic Pain Medical Treatment Guidelines page 111-113, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. With regards to the flurbiprofen component, the guidelines state that the only FDA approved topical analgesic is diclofenac. With regards to the cyclobenzaprine component, the guidelines do not recommend use topical muscle relaxants. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, the patient complains of low back pain radiating to the left leg despite oral analgesics and topical ointments and patches. The requested medication contains drug classes that are not recommended. There is no discussion concerning the need for variance from the guidelines. Therefore, the prospective request for Fluriflex 180gm is not medically necessary.

**TG Hot 180gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112-113.

**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 Salicylates.

**Decision rationale:** TGHOT contains Tramadol, Gabapentin, Menthol, Camphor, and Capsaicin. Pages 111-113 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many these agents. The topical formulation of tramadol does not show consistent efficacy. In addition, Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. The compound gabapentin does not show consistent efficacy. Regarding the Menthol and Capsaicin component, CA MTUS does not cite specific provisions, but the ODG Pain Chapter issued an FDA safety warning which identifies rare cases of serious burns that have been reported to occur on the skin where menthol, methyl salicylate, or capsaicin were applied. The guidelines do not address camphor. In this case, the patient complains of low back pain radiating to the left leg. Medical records submitted for review did not indicate that patient was intolerant of other treatments like oral NSAIDs or opioids. In addition, the patient is currently taking Tramadol, and there is no indication for concurrent use of topical tramadol. Furthermore, guidelines state that any compounded product that contains a drug class that is not recommended is not

recommended. TGHot cream contains drug components that are not recommended for topical use. Therefore, the request for TG Hot 180gm is not medically necessary.