

<b>Case Number:</b>	CM14-0109337		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	03/25/2013
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	07/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2014

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 injured worker is a 44 year old female who reported an injury on 03/25/2013 due to a motor vehicle accident. The diagnoses were listed as cervical hyperextension and hyperflexion, left shoulder impingement syndrome, and left elbow epicondylitis. Past treatments included medication. There were no diagnostic studies or surgeries documented. On 04/29/2014, the injured worker complained of pain to her left shoulder, left arm, left hand including the thumb, and neck. She reported the left shoulder pain to be moderate to severe in intensity and had gone from intermittent to constant over the past few days. The pain increased when she was in certain positions, she was noted to have good range of motion but with pain. She also reported mild radiation to the neck area. She complained that the neck pain was severe and independent of the shoulder pain. She reported considerable migraine headaches, which are associated with the neck pain. The injured worker reported a mild to moderate impairment with self-care and personal hygiene, a moderate to severe impairment with physical activity, and a mild to moderate impairment with sensory function. Upon physical examination, the injured worker was noted to have normal sensory in all the dermatomes of the upper extremities bilaterally. The motor strength was noted as 5/5. The medications were listed as Tramadol, Excedrin, and a topical cream. The treatment plan was not included in the clinical documentation. The rationale for the request was not provided. The request for authorization form was not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fluriflex (Flurbiprofen/Cyclobenzaprine 15/10%) Cream 240gm: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs Page(s): 111, 41.

**Decision rationale:** The request for Fluriflex (Flurbiprofen/Cyclobenzaprine 15/10%) cream 240 gm is not medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines state that the efficacy in clinical trials for topical NSAIDs has been inconsistent and most studies are small and of short duration and there is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. It is also not indicated for neuropathic pain as there is no evidence to support use. Cyclobenzaprine is not recommended as the guidelines state there is no evidence for use of muscle relaxants as topical products. The injured worker complained of left shoulder and neck pain. The guidelines do not support use of topical NSAIDs for the neck or shoulder at this time, and the topical use of Cyclobenzaprine is also not supported. Therefore, the requested topical compound that contains these agents is also not supported. Additionally, the request is written without a frequency. For these reasons, the request is not supported. Therefore, the request is not medically necessary.

**TGHot (Tramadol/Gabapentin/Menthol/Capsaicin 8/10/2/.05%) Cream 240gm: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The request for TGHot (Tramadol/Gabapentin/Menthol/Capsaicin 8/10/2/.05%) Cream 240gm is not medically necessary. The California MTUS Guidelines state the use of topical analgesics is largely experimental in use with few randomized controlled trials to determine efficacy or safety and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The use of compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required and compounds that contain at least one drug that is not recommended are also not recommended. Capsaicin is recommended only as an option for patients who have not responded or are intolerant to other treatments and the guidelines specify that an increase over a 0.025% formulation is not recommended as it has not been shown to provide any further efficacy. The injured worker was noted to have neuropathic pain, but the documentation did not address whether the injured worker had failed antidepressants and anticonvulsants to warrant use of topical analgesics. In addition, there was a lack of documentation indicating that she was intolerant or nonresponsive to first line treatments to warrant use of capsaicin and the requested formulation exceeds the recommended 0.025% formulation. Therefore, use of topical capsaicin is not supported for this patient. In addition, the guidelines do not recommend gabapentin as a topical product as there is no peer-reviewed literature to support the use. Therefore, in the

absence of documentation showing the failure of first-line oral medications for neuropathic pain, and as the requested compound contains Gabapentin and Capsaicin which are not recommended, the compound is also not supported. Moreover, the request, as submitted, did not specify a frequency of use. Therefore, the request is not medically necessary.