

<b>Case Number:</b>	CM14-0109657		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	07/23/2007
<b>Decision Date:</b>	10/09/2014	<b>UR Denial Date:</b>	06/12/2014
<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 and Rehabilitation and is licensed to practice in Nevada. 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 35-year-old gentleman who was reportedly injured on July 23, 2007. The mechanism of injury was not listed in the records provided. The most recent progress note dated may second 2014, indicates that there are ongoing complaints of bilateral elbow pain. The physical examination demonstrated a positive Tinel's sign the radial nerve and an absent Tinel's sign in the anti-cubital fossa in the region of the ulnar nerve. There was tenderness at the medial and lateral epicondyles as well as the olecranon process. Distal sensation was intact and there was slightly decreased bilateral elbow range of motion. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes physical therapy and home exercise. A request was made for acetaminophen with codeine, Fluriflex cream and TG Hot cream and was not certified in the pre-authorization process on June 12, 2014.14002

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acetaminophen with codeine 300/30mg, #60.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines: Acetaminophen; Therapeu.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 74-78, 88, 91.

**Decision rationale:** Acetaminophen with codeine is a short acting opiate indicated for the management in controlling moderate to severe pain. This medication is often used for intermittent or breakthrough pain. The California Medical Treatment Utilization Schedule guidelines support short-acting opiates at the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain; however, there is no objective clinical documentation of improvement in their pain or function with the current regimen. As such, this request for acetaminophen with codeine is not medically necessary.

**Fluriflex 15/10% cream, 240 grams.:** 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 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 111-112.

**Decision rationale:** Fluriflex is a compound of flurbiprofen and cyclobenzaprine. The California Medical Treatment Utilization Schedule Chronic Pain Guidelines state that topical analgesics are "largely experimental" and "any compound product that contains at least one drug (or drug class) that is not recommended is not recommended". The guidelines note there is little evidence to support the use of topical non-steroidal anti-inflammatory drug (flurbiprofen) for treatment of osteoarthritis of the spine, hip or shoulder and there is no evidence to support the use for neuropathic pain. Additionally, the guidelines state there is no evidence to support the use of topical cyclobenzaprine (a muscle relaxant). The guidelines do not support the use of Flurbiprofen or cyclobenzaprine in a topical formulation. Therefore, the request for FluriFlex is not medically necessary.

**TGHot cream 0.05%, 240 grams.:** 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 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 111-112.

**Decision rationale:** TGHot is a compound consisting of tramadol, gabapentin, menthol, camphor and capsaicin. The California Medical Treatment Utilization Schedule Chronic Pain Guidelines state that topical analgesics are "largely experimental" and "any compound product that contains at least one drug (or drug class) that is not recommended is not recommended". The guidelines indicate gabapentin is not recommended for topical application. Additionally, the guidelines recommend the use of capsaicin only as an option for patients who are intolerant of other treatments and there is no indication that an increase over a 0.025% formulation would be effective. There is no documentation in the records submitted indicating the claimant was intolerant of other treatments. The request for topical TGHot is not in accordance with the

California Medical Treatment Utilization Schedule guidelines. Therefore, the request for TGHot Cream is not medically necessary.