

<b>Case Number:</b>	CM14-0018481		
<b>Date Assigned:</b>	04/18/2014	<b>Date of Injury:</b>	10/22/2001
<b>Decision Date:</b>	08/01/2014	<b>UR Denial Date:</b>	01/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2014

### 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 66-year-old female who has submitted a claim for lumbar spondylolisthesis, right shoulder impingement syndrome, and cervical strain/sprain associated with an industrial injury date of October 22, 2001. Medical records from 2013 to 2014 were reviewed. The patient complained of neck, lower back, upper, and lower extremity pain. Physical examination showed cervical spasm; suboccipital and paracervical muscle tenderness; lumbar spasm and tenderness; pain on lumbar ROM; and positive sciatic stretch. Treatment to date has included NSAIDs, opioids, topical analgesics, home exercises, physical therapy, and acupuncture. Utilization review from January 27, 2014 denied the request for Fluriflex 180gm because there was no documentation of failure of oral antidepressants or anticonvulsants; and Cyclobenzaprine is not recommended for topical use. The request for TGICE 180gm was denied because Gabapentin is not recommended as a topical agent. The request for acupuncture, 8 visits for neck and low back was modified to acupuncture, 6 visits for neck and low back to be used as trial.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture, (8) visits for neck and low back:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** CA MTUS Acupuncture Medical Treatment Guidelines state that acupuncture may be used as adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Furthermore, guidelines state that time to produce functional improvement of 3 - 6 treatments. Treatments may be extended if functional improvement is documented, for a total of 24 visits. In this case, there were no reports of previous acupuncture visits for the neck. Medical records reported improvement of lower back pain due to previous acupuncture sessions. Latest session of acupuncture to the lower back was May 2010. Guidelines recommend a trial of 6 acupuncture visits for the neck. However, the request is for 8 acupuncture visits. In addition, documentation of the total number of previous acupuncture visits for the lower back and improvement of ADLs were not included in the medical records. Therefore, the request for acupuncture, 8 visits for neck and low back is not medically necessary.

**Fluriflex 180gm (Flurbiprofen 15%/Cyclobenzaprine 10%): 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:** Fluriflex 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. Cyclobenzaprine 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. In this case, the patient has been using topical analgesics since July 2013. However, there were no reports of intolerance or failure of oral pain medications. In addition, this compounded topical medication contains Cyclobenzaprine; a component not recommended for topical use. Therefore, the request for Fluriflex 180gm (Flurbiprofen 15%/Cyclobenzaprine 10%) is not medically necessary.

**TGICE 180gm (Tramadol 8%/ Gabapentin 10%/ Menthol 2%/ Camphor 2%): Upheld**

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

**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 Section, Topical Salicylates.

**Decision rationale:** TGIce contains Tramadol/Gabapentin/Menthol/Camphor 8%/10%/2%/2%. As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. CA MTUS does not support the use of both opioid medications and gabapentin in a topical formulation. 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, camphor, or capsaicin, may in rare instances cause serious burns. In this case, the patient has been using topical analgesics since July 2013. However, there were no reports of intolerance or failure of oral pain medications. In addition, this compounded topical medication contains Tramadol and Gabapentin. Guidelines do not support the use of both opioid medications and Gabapentin in a topical formulation. Therefore, the request for TGICE 180gm (Tramadol 8%/Gabapentin 10%/Menthol 2%/Camphor 2%) is not medically necessary.