

<b>Case Number:</b>	CM14-0113402		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	03/03/2008
<b>Decision Date:</b>	10/28/2014	<b>UR Denial Date:</b>	07/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2014

### 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, has a subspecialty in Pain 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 injured worker is a 52-year-old male who reported an injury on 03/03/2008 while at work fell on his knees, and again on 12/29/2010 when he was under the hood of a car that fell on him, injuring multiple body parts including back, head, nose, face, and neck. The diagnostics included vascular headaches, cervicogenic uncontrolled, failed back syndrome, bilateral lower extremity numbness, carpal tunnel syndrome, chronic myofascial pain syndrome to cervical spine, and chronic pain. The prior surgeries included a right hip replacement and lumbar fusion dated 01/18/2014. The medications included Norco 10/325 mg, Lyrica 75 mg, Ambien 10 mg, Fluriflex, and TG Hot. The past treatments included aqua therapy, acupuncture, chiropractic therapy, physical therapy, non-steroidal anti-inflammatories, brace to the lumbar spine, x-rays, and medications. The physical assessment dated 05/16/2014 to the cervical spine noted the flexion was 50 degrees and extension 40 degrees, multiple myofascial trigger points, and taut band noted throughout the cervical paraspinal muscles. Spurling's test was negative, Lhermitte's sign negative, and neck compression positive. Ranges of motion of the bilateral wrists were palmar flexion 60 degrees bilaterally and dorsiflexion was 60 degrees bilaterally. The range of motion to the lumbar spine revealed flexion of 70 degrees, extension 20 degrees, with multiple myofascial trigger points and taut band noted throughout the thoracic and lumbar paraspinal muscles as well as gluteal muscles. The range of motion of the bilateral knees revealed extension to the right 0 degrees and extension to the left 120 degrees, flexion 0 degrees to the right and 110 degrees to the left. McMurray's was positive bilaterally, Apley's positive bilaterally, anterior drawer test was negative, and posterior drawer test was negative. The treatment plan included Fluriflex and TG Hot. The Request for Authorization was not submitted with documentation.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Fluriflex (Flurbiprofen 15%, Cyclobenzaprine 10%): 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 rationale:** The request for Fluriflex (Flurbiprofen 15%, Cyclobenzaprine 10%) is not medically necessary. The California MTUS guidelines note topical non-steroidal anti-inflammatory drugs (NSAIDs) are recommended for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder and use with neuropathic pain is not recommended as there is no evidence to support use. Any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. The guidelines also note there is no evidence for use of any other muscle relaxant as a topical product. There is no evidence that the injured worker has a diagnosis of osteoarthritis or tendinitis to a joint amenable to topical treatment. The requested medication contains a muscle relaxant which is not recommended for topical application per the guidelines. As the guidelines note any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended, the medication would not be indicated. As such, the request is not medically necessary.

**TG Hot (Tramadol 8%, Gabapentin 10%, Menthol 2%, Camphor 2%, Capsaicin 0.05%): 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 Other Medical Treatment Guideline or Medical Evidence: B LeBon, G Zeppetella, IJ Higginson (2009). Effectiveness of topical administration of opioids in palliative care: a systematic review. Journal of pain and symptoms-Elsevier.

**Decision rationale:** The request for TG Hot (Tramadol 8%, Gabapentin 10%, Menthol 2%, Camphor 2%, Capsaicin 0.05%) is not medically necessary. The California MTUS Guidelines note topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines recommend the use of Capsaicin for patients with osteoarthritis, postherpetic neuralgia, diabetic neuropathy, and post mastectomy pain. Capsaicin is only recommended as an option in patients who have not responded or are intolerant to other treatments. Any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. The guidelines do not recommend

Gabapentin for topical application as there is no peer-reviewed literature to support use. Peer reviewed literature states that there is a deficiency of higher quality evidence on the role of topical opioids and that more robust primary studies are required to inform practice recommendations. There is no indication that the injured worker has been intolerant of or has been unable to tolerate other therapies. The medication contains Gabapentin and Tramadol, which are not recommended for topical application. As the guidelines note any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended, the medication would not be indicated. As such, the request is not medically necessary.