

<b>Case Number:</b>	CM14-0117085		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	07/26/2008
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	06/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 49-year-old male who has submitted a claim for lumbar/lumbosacral disc degeneration associated with an industrial injury date of July 26, 2008. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of moderate to severe neck and lower back pain. On examination, patient was found to have decreased ranges of motion in the cervical and lumbar spine. Additional findings included positive Fabere's and Gaenslen's test bilaterally. Treatment to date has included medications, surgery, physical therapy and creams. Utilization review from June 28, 2014 denied the request for TGIce compound cream (██████████) QTY: 1 and FluriFlex compound cream (██████████).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TGIce compound cream (██████████) QTY: 1: Upheld**

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

**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, Topical Salicylates.

**Decision rationale:** TGIce contains Tramadol, Gabapentin, Menthol, and Camphor. 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 Gabapentin is not recommended for topical applications. Regarding the Menthol component, CA MTUS does not cite specific provisions, but the Official Disability Guidelines states that the FDA issued a 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 has been prescribed TGIce cream because of neck and lower back pain. However, guidelines state that any compounded product that contains a drug class that is not recommended is not recommended. TGIce cream contains tramadol and gabapentin, which are not recommended for topical use. Therefore, the request for TGIce compound cream ( [REDACTED] ) QTY: 1 is not medically necessary.

**FluriFlex compound cream ( [REDACTED] ): Upheld**

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

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

**Decision rationale:** As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. Fluriflex cream contains 2 active ingredients; Flurbiprofen and Cyclobenzaprine. Regarding Flurbiprofen, CA MTUS supports a limited list of NSAID topical which does not include Flurbiprofen. Guidelines state that topical NSAIDs are not recommended for neuropathic pain as there is no evidence to support use. Regarding Cyclobenzaprine, guidelines state that there is no evidence to support the use of Cyclobenzaprine as a topical compound. In this case, the requested compounded cream contains Flurbiprofen and Cyclobenzaprine, which are not recommended by the guidelines for topical use. The guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the request for Fluriflex compound cream ( [REDACTED] ) is not medically necessary.