

Case Number:	CM14-0127891		
Date Assigned:	09/05/2014	Date of Injury:	08/31/1999
Decision Date:	10/02/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/11/2014

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 Anesthesia, has a subspecialty in Acupuncture and 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:

56y/o female injured worker with date of injury 8/31/99 with related right shoulder and neck pain. Per progress report dated 6/30/14, she rated her right shoulder pain as 7/10 in intensity, and her neck pain was 5/10. Per physical exam, tenderness in the paraspinal musculature of the cervical region and the anterior neck was noted. Imaging studies were not available for review. MRI of the cervical spine dated 4/26/00 revealed multilevel disc pathology, with protrusions, particularly at C5-C6. Treatment to date has included surgery, injections, physical therapy, and medication management. The date of UR decision was 7/28/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluriflex Cream (Flurbiprofen 15%/Cyclobenzaprine 10%) 240gm, apply thin layer to affected area: 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: Fluriflex contains flurbiprofen and cyclobenzaprine. Per MTUS with regard to Flurbiprofen (p112), "(Biswal, 2006) These medications may be useful for chronic

musculoskeletal pain, but there are no long-term studies of their effectiveness or safety." Flurbiprofen may be indicated. Per MTUS CPMTG p113, "There is no evidence for use of any other muscle relaxant as a topical product. [apart from baclofen, which is also not recommended]" Cyclobenzaprine is not indicated. The MTUS Chronic Pain Medical Treatment Guidelines state that topical medications are "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Regarding the use of multiple medications, MTUS p60 states "Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005) The recent AHRQ review of comparative effectiveness and safety of analgesics for osteoarthritis concluded that each of the analgesics was associated with a unique set of benefits and risks, and no currently available analgesic was identified as offering a clear overall advantage compared with the others." Therefore, it would be optimal to trial each medication individually. Because topical cyclobenzaprine is not indicated, the compound is not recommended. This request is not medically necessary.

TGHot cream (Tramadol 8%, Gabapentin 10%/ Menthol 2% Camphor 2% Capsaicin .05%) 240gm: 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: Capsaicin may have an indication for chronic pain in this context. Per MTUS p 112 "Indications: There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain, but it should be considered experimental in very high doses. Although topical capsaicin has moderate to poor efficacy, it may be particularly useful (alone or in conjunction with other modalities) in patients whose pain has not been controlled successfully with conventional therapy." The MTUS is silent on the use of tramadol topically. Per MTUS p113 with regard to topical gabapentin: "Not recommended. There is no peer-reviewed literature to support use." However, the CA MTUS, ODG, National Guidelines Clearinghouse, and ACOEM provide no evidence-based recommendations regarding the topical application of menthol, tramadol, or camphor. It is the

opinion of this IMR reviewer that a lack of endorsement, a lack of mention, inherently implies a lack of recommendation, or a status equivalent to "not recommended". Since topical gabapentin is not recommended, then the overall compound is not medically necessary.