

<b>Case Number:</b>	CM14-0129251		
<b>Date Assigned:</b>	08/18/2014	<b>Date of Injury:</b>	08/20/2012
<b>Decision Date:</b>	12/24/2014	<b>UR Denial Date:</b>	07/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/13/2014

### 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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 64 year old male with date of injury 8/20/2012. The mechanism of injury is stated as a fall. The patient has complained of left knee pain, lower back pain and ankle pain since the date of injury. He has been treated with left knee arthroscopic surgery in 04/2013 (medial and lateral meniscectomy performed), physical therapy and medications. MRI of the lumbar spine dated 05/2013 revealed disc disease and neuroforaminal narrowing at multiple levels. Objective: decreased and painful range of motion of the lumbar spine, decreased range of motion of the left knee. Diagnoses: lumbar disc disease, knee sprain, knee internal derangement. Treatment plan and request: TGHOT (Tramadol 8%, Gabapentin 10%, Menthol 2%, Camphor 2%, capsaicin 0.5%, 180grms) and Fluriflex (Flurbiprofen 10%, Cyclobenzaprine 10% 180grms).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETRO: DOS 6/17/2014 TGHOT (tramadol 8%, gabapentin 10%, menthol 2%, camphor 2%, capsaicin 0.5%, 180grms): 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.

**Decision rationale:** This 64 year old male has complained of left knee pain, lower back pain and ankle pain since date of injury 8/20/2012. He has been treated with left knee arthroscopic surgery in 04/2013 (medial and lateral meniscectomy performed), physical therapy and medications. The current request is for TGHOT (tramadol 8%, gabapentin 10%, menthol 2%, camphor 2%, capsaicin 0.5%, and 180grams.) Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, TGHOT (tramadol 8%, gabapentin 10%, menthol 2%, camphor 2%, capsaicin 0.5%, and 180grms) is not medically necessary.

**RETRO: DOS 6/17/2014 Fluriflex (flurbiprofen 10%, cyclobenzaprine 10% 180grms):**  
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.

**Decision rationale:** This 64 year old male has complained of left knee pain, lower back pain and ankle pain since date of injury 8/20/2012. He has been treated with left knee arthroscopic surgery in 04/2013 (medial and lateral meniscectomy performed), physical therapy and medications. The current request is for Fluriflex (Flurbiprofen 10%, Cyclobenzaprine 10% 180grms). Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, Fluriflex (Flurbiprofen 10%, Cyclobenzaprine 10% 180grms) is not medically necessary.