

<b>Case Number:</b>	CM14-0135095		
<b>Date Assigned:</b>	09/30/2014	<b>Date of Injury:</b>	01/06/2009
<b>Decision Date:</b>	10/28/2014	<b>UR Denial Date:</b>	07/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2014

### 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 Preventive 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:

According to the records made available for review, this is a 36-year-old male with a 1/6/09 date of injury, and L2-L3 posterior lumbar interbody laminectomy and discectomy on 3/6/13. At the time (6/12/14) of request for authorization for Topical Compound Creams: FluriFlex 180gm and TGHOT 180 gm, there is documentation of subjective (pain in the neck, lower back, and bilateral knees) and objective (tenderness to palpitation over the cervical paraspinal muscles and spasm, restricted range of motion of the cervical spine, tenderness to palpitation over the lumbar paraspinal muscles and spasm, restricted range of motion over the lumbar spine, positive straight leg raise test bilaterally, and tenderness to palpitation over the left knee) findings, current diagnoses (lumbar and cervical pain, knee pain, and status post L2-L3 posterior lumbar interbody laminectomy and discectomy), and treatment to date (aquatic therapy, chiropractic therapy and medications (including ongoing treatment with Soma)).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Topical Compound Creams: FluriFlex 180gm and TGHOT 180 gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Low back, knee/upper back and chronic pain.

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

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that Ketoprofen, Lidocaine (in creams, lotion or gels), Capsaicin in a 0.0375% formulation, Baclofen and other muscle relaxants, and Gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of lumbar and cervical pain, knee pain, and status post L2-L3 posterior lumbar interbody laminectomy and discectomy. However, the request for Topical Compound Creams: FluriFlex and TGHOT contain at least one drug (Capsaicin) and one drug class (muscle relaxant (Cyclobenzaprine)) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Topical Compound Creams: FluriFlex 180gm and TGHOT 180 gm is not medically necessary.