

<b>Case Number:</b>	CM14-0033075		
<b>Date Assigned:</b>	03/21/2014	<b>Date of Injury:</b>	05/25/2010
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	03/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/14/2014

### 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 and Pulmonary 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 67-year-old female who reported an injury on 05/25/2010 due to cumulative trauma while performing normal job duties. The injured worker's treatment history included left shoulder rotator cuff repair, physical therapy, a home exercise program, and multiple medications. The injured worker was evaluated on 01/24/2014. It was noted the injured worker complained of persistent low back pain rated at a 6/10. Physical findings included limited range of motion of the right shoulder, with tenderness to palpation over the acromioclavicular joint. Physical findings of the lumbar spine documented tenderness to palpation over the paraspinal musculature, with midline tenderness of the lumbar spine and muscle spasming. It was noted that the injured worker had bilateral sacroiliac joint tenderness with a positive sciatic nerve compression test bilaterally and reduced range of motion secondary to pain. The injured worker's treatment plan included continuation of medications, a urine drug screen, and continued use of topical analgesics.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **FLURIFLEX (FLURBIPROFEN/CYCLOBENZAPRINE 15/10% CREAM, 180 GM):**

Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS,

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

**Decision rationale:** California Medical Treatment Utilization Schedule does not recommend the use of muscle relaxants as topical analgesics, as there is little scientific evidence to support efficacy and safety of these types of medications. Additionally, California Medical Treatment Utilization Schedule does not recommend the use of topical nonsteroidal anti-inflammatory drugs unless there is documentation that the injured worker cannot tolerate nonsteroidal anti-inflammatory drugs in an oral formulation, or if oral formulations are contraindicated for the injured worker. The clinical documentation submitted for review does not provide any evidence that the injured worker cannot tolerate oral formulations of nonsteroidal anti-inflammatory drugs. Therefore, the need for a topical nonsteroidal anti-inflammatory drug is not supported. California Medical Treatment Utilization Schedule recommends that any compounded medication that contains at least 1 drug or drug class that is not supported by guideline recommendations is not recommended. As such, the requested Fluriflex (flurbiprofen/cyclobenzaprine 15/10% cream) 180 gm is not medically necessary or appropriate.

**TGICE (TRAMADOL/GABAPENTIN/MENTHOL/CAMPHOR 8/10/2/2%) CREAM 180GM:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS,

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Page(s): 111. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Effectiveness of topical administration of opioids in palliative care: a systematic review ; B. LeBon, G Zeppetella, IJ Higginson - Journal of pain and symptoms, 2009 - Elsevier

**Decision rationale:** California Medical Treatment Utilization Schedule does not support the use of gabapentin as a topical analgesic, as there is little scientific evidence to support the efficacy and safety of this medication. Additionally, peer-reviewed literature does not support the use of opioids as topical analgesics, as there is little scientific data to support the efficacy and safety of this type of medication. As there is no documentation that the injured worker has failed to respond to oral formulations of these medications, the use of a topical analgesic is not clearly supported by the documentation. California Medical Treatment Utilization Schedule states that any compounded medication that contains at least 1 drug or drug class that is not supported by guideline recommendations is not supported. As such, the requested tramadol/gabapentin/menthol/camphor 8/10/2/2% cream 180 gm is not medically necessary or appropriate.

**RETROSPECTIVE URINALYSIS, DOS: 1/24/14:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS, STEPS TO AVOID MISUSE/ADDICTION,

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

**Decision rationale:** California Medical Treatment Utilization Schedule recommends random urine drug screens for patients who are undergoing chronic opioid therapy. The clinical documentation submitted for review does provide evidence that the injured worker is taking tramadol, which is a synthetic opioid, and would require regular monitoring. However, there was no history of urine drug screen to determine the appropriateness of this urine drug screen. The clinical documentation submitted for review did not provide any evidence of overuse or withdrawal that would support aberrant behavior. Therefore, the need for a urine drug screen is not clearly determined. As such, the retrospective urinalysis for date of service 01/24/2014 is not medically necessary or appropriate.