

<b>Case Number:</b>	CM14-0039347		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	07/15/2012
<b>Decision Date:</b>	07/28/2014	<b>UR Denial Date:</b>	03/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2014

### 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 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 45-year-old male with a 7/15/12 date of injury. At the time (3/27/14) of request for authorization for Fluriflex (flurbiprofen/cyclobenzaprine 15/105) cream 180 gm to be applied twice daily and tramadol/gabapentin/menthol/camphor/capsaicin (TGHOT) 8/10/2/2/.05% cream 180 gm to be applied twice daily, there is documentation of subjective (ongoing left shoulder pain rated 3/10, intermittent numbness and tingling to the left upper extremity, neck pain, and low back pain rated 1/10) and objective (mild tenderness in the left sternoclavicular joint, anterior capsule, and acromioclavicular joint, mildly positive impingement, decreased left shoulder range of motion, mild crepitus on motion) findings, current diagnoses (cervical spine sprain/strain, left shoulder contusion with rotator cuff tendinopathy, lumbar spine sprain/strain, left knee sprain/strain, and left knee internal derangement), and treatment to date (medications, physical therapy, and home exercise program).

### 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 180gm to be applied twice daily:**  
Upheld

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

**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 cervical spine sprain/strain, left shoulder contusion with rotator cuff tendinopathy, lumbar spine sprain/strain, left knee sprain/strain, and left knee internal derangement. However, Fluriflex (flurbiprofen/cyclobenzaprine 15/105) cream contains at least one drug (cyclobenzaprine) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Fluriflex (flurbiprofen/cyclobenzaprine 15/105) cream 180 gm to be applied twice daily is not medically necessary.

**Tramadol/Gabapentin/Menthol/Camphor/Capsaicin (TGHot) 8/10/2/2/.05% cream 180gm to be applied twice daily:** Upheld

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

**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 cervical spine sprain/strain, left shoulder contusion with rotator cuff tendinopathy, lumbar spine sprain/strain, left knee sprain/strain, and left knee internal derangement. However, tramadol/gabapentin/menthol/camphor/capsaicin (TGHot) 8/10/2/2/.05% cream contains at least one drug (gabapentin) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for tramadol/gabapentin/menthol/camphor/capsaicin (TGHot) 8/10/2/2/.05% cream 180 gm to be applied twice daily is not medically necessary.