

<b>Case Number:</b>	CM14-0044715		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	05/02/2013
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	03/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/11/2014

### 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 Physical Medicine & Rehab 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 59-year-old male who reported an injury on 05/02/2013. The mechanism of injury was cumulative trauma. His diagnoses include thoracic strain/sprain and lumbar spine strain/sprain with radiculitis. His previous treatments included medication, physical therapy, chiropractic therapy, injections, and shockwave therapy. Per the clinical note dated 02/12/2014, the injured worker reported he continued to have pain in his mid/upper back and his lower back. He reported the pain in his mid/upper back was rated 5/10 and had increased from 3/10 on his last visit, and the lower back pain was rated 7/10 which had been 4/10 at this last visit. The physician reported his objective findings there was tenderness to palpation over the paraspinal muscles in the thoracic and lumbar spine. The physician reported there were no changes on the neurocirculatory examination. The physician reported the injured worker had complaints of increased lumbar spine pain with radicular symptoms into the bilateral lower extremities and he was pending and appointment for a lumbar epidural steroid injection on 02/25/2014. The injured worker's medications included Mentherm, FluriFlex 180 grams, TGHOT 180 grams, omeprazole 20 mg, and Motrin 600 mg. The physician's treatment plan included a recommendation for acupuncture therapy to the thoracic and lumbar spine 2 times a week for 6 weeks and interferential unit. The physician also provided prescriptions for Mentherm, FluriFlex 180 grams, TGHOT 180 grams, Omeprazole 20 mg #60, and Motrin 600 mg #60 two times a day. The current request is for Mentherm, FluriFlex 180 gm, omeprazole 20 mg #60, and TGHOT 180 gm. The rationale for the topical medications was to minimize possible neurovascular complications, to avoid complications associated with use of narcotic medications, and to prevent upper GI bleeding from the use of NSAID medications. The rationale for the omeprazole was not provided. The request for authorization was not provided in the medical records.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Menthoderm:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Lumbar and Thoracic (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Topical Salicylates Page(s): 111, 105.

**Decision rationale:** The request for Menthoderm is not medically necessary. The California MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compound product that contains at least 1 drug (or drug class) that is not recommended, is not recommended. They further indicate that topical salicylates are appropriate for the treatment of pain. Menthoderm is a topical analgesic and works by temporarily relieving minor aches and pains caused by arthritis, simple backache, strains, sprains, nerve pains and bruises. The clinical documentation provided indicated the injured worker continued to have chronic mid back and low back pain; however, the efficacy of the medication with pain relief and functional improvement was not provided. Therefore, as the efficacy of the medication was not reported, the request would not be supported. Furthermore, the request failed to provide a frequency and instructions for use, including the body part the ointment is to be applied to. As such, the request for Menthoderm is not medically necessary.

**FluriFlex 180gm:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The current request for FluriFlex 180 grams is not medically necessary. The California MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compound product that contains at least 1 drug (or drug class) that is not recommended, is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. Flurbiprofen is classified as a non-steroidal anti-inflammatory agent and is only recommended for short term use (4-12 weeks) and there is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. The guidelines do not recommend the

topical use of cyclobenzaprine as a topical muscle relaxant as there is no evidence for use of any other muscle relaxants as a topical product. The clinical documentation provided indicated the injured worker continued to have chronic pain in his mid and low back areas. However, the clinical documentation failed to provide documentation of the efficacy of the FluriFlex and with pain relief and if functional improvement was obtained when using the medication. Therefore, as there was no documentation to indicate the efficacy of the medication and the guidelines do not support the use of topical muscle relaxants and topical NSAID's are not supported for long term use, the request would not be supported. Furthermore, the request failed to provide a frequency and instructions for use, including the body part the ointment is to be applied to. As such, the request for FluriFlex 180 gm is not medically necessary.

**Omeprazole 20mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68.

**Decision rationale:** The request for omeprazole 20 mg #60 is not medically necessary. The California MTUS Chronic Pain Guidelines state that proton pump inhibitors may be recommended to treat dyspepsia secondary to NSAID therapy. The addition of a proton pump inhibitor is also supported for patients taking NSAIDs medications who have cardiovascular disease or significant risk factors for gastrointestinal events. The injured worker was noted to be taking Motrin 600mg twice daily. However, there was no documentation indicating that he had complaints of dyspepsia with use of this medication, cardiovascular disease, or significant risk factors for gastrointestinal events. In the absence of this documentation, the request is not supported by the evidence based guidelines. Additionally, the request failed to include the frequency of the medication. As such, the request for omeprazole 20 mg #60 is not medically necessary.

**TGHot 180gm: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, Topical.

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

**Decision rationale:** The request for TG Hot 180 gm is not medically necessary. The California MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compound product that contains at least 1 drug (or drug class) that is not recommended, is not recommended. The TG Hot topical cream ingredients include tramadol, gabapentin, camphor, capsaicin, and menthol. The guidelines state that gabapentin is not recommended for topical use

and capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. The documentation did not indicate that the injured worker was intolerant or nonresponsive to first line medications. As the topical cream contains gabapentin and capsaicin which are not supported, the requested topical compound is also not supported. Furthermore, the request failed to provide a frequency and instructions for use, including the body part the ointment is to be applied to. As such, the request for TG Hot 180 gm is not medically necessary.