

<b>Case Number:</b>	CM14-0044926		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	12/18/2008
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	04/09/2014
<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 Illinois. 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 female who reported injury on 12/18/2008. The injured worker underwent a point of contact urinalysis on 12/20/2013 which was consistent for the prescribed therapy. Prior therapies were not provided. Prior medications included topicals, hydrocodone/APAP, and omeprazole prior to 10/2013. Documentation of 03/17/2014 revealed the injured worker had complaints of low back pain and right shoulder pain. The injured worker was taking Norco which was helping. The physical examination revealed the injured worker had tenderness from the thoracolumbar spine down to the base of the pelvis. The paralumbar musculature was slightly tight bilaterally. The injured worker had some tenderness on stress of the pelvis. The documentation indicated the injured worker submitted a urine specimen to monitor medication use. The diagnoses included right shoulder impingement syndrome, tendinopathy, status post right shoulder arthroscopy, lumbar discopathy, status post right shoulder arthroscopy 02/15/2013, left shoulder impingement syndrome, and status post left shoulder arthroscopy. The treatment plan included a pain management consultation and a Crohn's lumbar brace as well as medications and transdermals. The injured worker was to get tizanidine 4 mg #60 1 by mouth twice a day for spasms, FluriFlex 15/10% 180 gm apply a thin layer to area twice daily as directed by a physician and TGHOT to apply a thin layer to the affected area twice a day as directed by a physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tizanidine 4mg #60 PO twice a day: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

**Decision rationale:** The California MTUS Guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain. There use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review failed to indicate the objective functional benefit and documentation of exceptional factors to warrant nonadherence to guideline recommendations. Given the above, the request for Tizanidine 4 mg #60 PO twice a day is not medically necessary.

**Fluriflex 15/10% 180gm cream:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Flurbiprofen, page 72, Topical analgesics page 111, Cyclobenzaprine page 41 Page(s): 111, 41, 72, 41.

**Decision rationale:** California MTUS indicates topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed....Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. This agent is not currently FDA approved for a topical application. FDA approved routes of administration for Flurbiprofen include oral tablets and ophthalmologic solution. A search of the National Library of Medicine - National Institute of Health (NLM-NIH) database demonstrated no high quality human studies evaluating the safety and efficacy of this medication through dermal patches or topical administration. California MTUS Guidelines do not recommend the topical use of Cyclobenzaprine as a topical muscle relaxants as there is no evidence for use of any other muscle relaxant as a topical product. The addition of cyclobenzaprine to other agents is not recommended. The clinical documentation submitted for review failed to provide there had been a trial and failure of antidepressants and anticonvulsants. The documentation indicated the injured worker had been utilizing topicals since at least late 10/2013. There was a lack of documentation indicating a necessity for both an oral and topical form of cyclobenzaprine. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for FluriFlex 15/10% 180 gm cream is not medically necessary.

**TCIce 8/10/2/2% 180gm cream:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol, page 82, Gabapentin, page 113, Topical Capsaicin, page 28, Topical Analgesics, page 111, Topical Salicylates, page 105 Page(s): 82; 113; 28; 111; 105. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA.gov.

**Decision rationale:** The California MTUS indicated that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety... are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed...Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended....Topical Salicylates are recommended... A thorough search of FDA.gov, did not indicate there was a formulation of topical Tramadol that had been FDA approved. The approved form of Tramadol is for oral consumption, which is not recommended as a first line therapy...Gabapentin: Not recommended. There is no peer-reviewed literature to support use... Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. California MTUS guidelines recommend Topical Salicylates. The clinical documentation submitted for review failed to indicate the injured worker had a trial and failure of antidepressants and anticonvulsants. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. The guidelines do not recommend several of the ingredients. As such, there is no medical necessity for this compound. The physician documentation indicated the request was for TGHOT, not TG Ice. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for TG Ice 8/10/2/2% 180 gm cream is not medically necessary.

**Urinalysis DOS 3/17/14 (retrospective):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Page(s): 78.

**Decision rationale:** The California MTUS Guidelines recommend urine drug screen for injured workers who have documented issues of abuse, addiction, or poor pain control. The clinical documentation submitted for review indicated the injured worker underwent a urine drug screen in 12/2013 that was appropriate. There was a lack of documentation indicating the injured worker had documented issues of abuse, addiction or poor pain control. Given the above, the request for urinalysis DOS 03/17/2014 retrospective is not medically necessary.