

<b>Case Number:</b>	CM14-0055433		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	09/27/2012
<b>Decision Date:</b>	09/03/2014	<b>UR Denial Date:</b>	04/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2014

### 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 and Rehabilitation, has a subspecialty in Pain 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 47 year old male injured on 09/27/12 as a result of pulling a heavy refrigerator resulting in low back pain. Diagnoses included lumbar disc disease, lumbar radiculopathy, and lumbar facet syndrome. Clinical report dated 06/27/14 indicated the injured worker presented complaining of lumbar spine pain rated 7/10 described as constant pulling sensation radiating to the left leg into the bottom of the foot with associated burning, numbness, and tingling sensation. He also reported pain occasionally radiating to the right lower extremity. Medications included tramadol, omeprazole, and Sentra twice daily. Physical examination revealed antalgic gait, diffuse tenderness to palpation over the lumbar paraspinal muscles, moderate facet tenderness to palpation at L4 through S1, positive straight leg raise test on the left, decreased range of motion of lumbar spine, and decreased sensation along L4 dermatomal distribution on the left. Treatment plan included consideration of bilateral L4 through S1 medial branch blocks and initiation of Norco 2.5 milligrams every four to six hours quantity 120. The initial request for Flexeril 10 milligrams quantity 30, TG Hot topical cream, and Fluriflex topical cream was noncertified on 08/16/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prospective request for one (1) prescription of Flexeril 10 mg #30:** Upheld

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

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

**Decision rationale:** As noted in the Chronic Pain Medical Treatment Guidelines, muscle relaxants are recommended as a second line option for short term (less than two weeks) treatment of acute pain and for short term treatment of acute exacerbations in patients with chronic pain. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The objective findings failed to establish the presence of spasm warranting the use of muscle relaxants. As such, the prospective request for one prescription of Flexeril 10 milligrams quantity of thirty is not medically necessary.

**Prospective request for one (1) prescription of TGHot topical cream:** Upheld

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

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

**Decision rationale:** As noted in the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Further, California Medical Treatment Utilization Schedule (MTUS), Food and Drug Administration, and Official Disability Guidelines require that all components of a compounded topical medication be approved for transdermal use. This compound contains Tramadol and Gabapentin which have not been approved for transdermal use. In addition, there is no evidence within the medical records submitted that substantiates the necessity of a transdermal versus oral route of administration. Therefore, the prospective request for one prescription of TG Hot topical cream cannot be considered as medically necessary as it does not meet established and accepted medical guidelines.

**Prospective request for one (1) prescription of Fluriflex topical cream:** Upheld

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

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

**Decision rationale:** As noted in the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Further, California Medical Treatment Utilization Schedule (MTUS), Food and Drug Administration, and Official Disability Guidelines

require that all components of a compounded topical medication be approved for transdermal use. This compound contains: flurbiprofen and cyclobenzaprine which have not been approved for transdermal use. In addition, there is no evidence within the medical records submitted that substantiates the necessity of a transdermal versus oral route of administration. Therefore Prospective request for one prescription of Fluriflex topical cream cannot be recommended as medically necessary as it does not meet established and accepted medical guidelines.