

<b>Case Number:</b>	CM14-0056159		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	09/11/2007
<b>Decision Date:</b>	09/03/2014	<b>UR Denial Date:</b>	04/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/25/2014

### 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 Medicine and is licensed to practice in Florida. 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 55-year-old male with a reported date of injury on 09/11/2007; the mechanism of injury was not provided within the medical records. The injured worker was diagnosed with L2-3, L3-4, and L5-S1 disc bulges with annular tearing and facet arthropathy per MRI scan, right L5-S1 radiculopathy, and right shoulder pain. Prior treatments were not provided within the medical records. The clinical note dated 03/18/2014 noted the injured worker reported persistent aching pain in the low back with radiation to the right greater than the left lower extremity. The injured worker stated that his low back pain was rated 4/10 to 5/10 and increasing with activity. The injured worker noted ongoing aching pain in the bilateral shoulders, which increased with heavy activities. The provider recommended the continued use of the topical analgesics. The injured worker's medication regimen included naproxen 550 mg every 12 hours; cyclobenzaprine 7.5 mg every 12 hours as needed; Norco 10/325 mg every 6 to 8 hours as needed; omeprazole 20 mg twice daily as needed; tramadol 150 mg, 1 to 2 daily; fluriflex cream twice daily; and TGHot twice daily. The provider's treatment plan included recommendations for continuation of prescribed medications. The rationale for the requested topical analgesics was not provided within the medical records. The Request for Authorization for fluriflex cream was dated 03/18/2014; however, the Request for Authorization for TGHot was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TGHot (Tramadol/Gabapentin/Menthol, Camphor/Capsaicin 8/10/2/2/.05%) 180GM:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Agents (NSAIDs), Acute Pain. Lidocaine, Baclofen, Other muscle relaxants, Gabapentin, Other Antiepilepsy drugs - Ketamine. Decision based on Non-MTUS Citation FDA - Approved agents.

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

**Decision rationale:** The California MTUS guidelines state, any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. The guidelines note the topical use of gabapentin is not recommended as there is no peer-reviewed literature to support use. The California MTUS Guidelines recommend the use of capsaicin for patients with osteoarthritis, postherpetic neuralgia, diabetic neuropathy, and post mastectomy pain. The guidelines recommend the use of capsaicin only as an option in patients who have not responded or are intolerant to other treatments. Per the provided documentation, there is no indication that the injured worker's medication regimen was ineffective or not tolerated. There is no indication the injured worker has a diagnosis of osteoarthritis, postherpetic neuralgia, diabetic neuropathy, or postmastectomy pain. The guidelines do not recommend the use of gabapentin for topical application. As the guidelines indicate any compounded medication which contains at least 1 drug or drug class that is not recommended is not recommended, the medication would not be indicated. As such, the request for TGHot is not medically necessary nor appropriate.

**FLURIFLEX (Flurbiprofen/Cyclobenzaprine 15/10%) 180GM:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Agents (NSAIDs), Acute Pain. Other Muscle Relaxants. Decision based on Non-MTUS Citation FDA - Approved agents.

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

**Decision rationale:** The California MTUS guidelines note topical NSAIDs are recommended for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder and use with neuropathic pain is not recommended as there is no evidence to support use. The California MTUS guidelines state, any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. The guidelines also note there is no evidence for use of any other muscle relaxant as a topical product. Per the provided documentation, there is no indication that the injured worker has diagnoses of osteoarthritis, in particular, to a joint that is amenable to topical treatment. The guidelines do not recommend the use of muscle relaxants for topical application. As the guidelines recommend any compounded medication containing at least 1 drug or drug class that is not recommended is not recommended, the medication would

not be indicated. As such, the request for Fluriflex 180 gm is not medically necessary nor appropriate.