

<b>Case Number:</b>	CM14-0059270		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	07/16/2010
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	03/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2014

### 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 Occupational 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 applicant is a represented [REDACTED] who has filed a claim for chronic low back pain reportedly associated with an industrial injury of July 16, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; and topical agents. In a Utilization Review Report dated March 26, 2014, the claims administrator denied a request for a TG Hot cream and also denied a request for a Fluriflex topical compounded agent. The applicant's attorney subsequently appealed. In a September 13, 2013 progress note, the applicant was described as working and had reportedly returned to work effective March 2013. The applicant was given a Toradol-vitamin B12 injection on this occasion. Omeprazole, Prilosec, Ultracet, a handicap permit, and permanent work restrictions were endorsed, along with vitamin supplementation. On November 22, 2013, the applicant was asked to continue home exercises, Flexeril, Tramadol, Fluriflex, other topical compounded medications, and continue permanent work restrictions. A handicap placard was again renewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TGHot Cream 180 Grams:** Upheld

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

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

**Decision rationale:** As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics and topical compounds such as the TGHOT article are deemed "largely experimental." In this case, it is further noted that the applicant's ongoing usage of numerous first-line oral pharmaceuticals, including Flexeril, Tramadol, etc., effectively obviates the need for the largely experimental topical compound at issue. Therefore, the request is not medically necessary.

**Fluriflex Cream 180 Grams:** 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 topic. Page(s): 111-113.

**Decision rationale:** One of the ingredients in the compound is Flexeril, a muscle relaxant. However, as noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as Flexeril are not recommended for topical compound formulation purposes. Since one or more ingredients in the compound is not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.