

<b>Case Number:</b>	CM14-0087638		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	11/21/2013
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	05/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/11/2014

### 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 & Rehabilitation and Pain Medicine and is licensed to practice in Texas and Ohio. 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 38-year-old male who reported an injury on 11/21/2013. He reportedly sustained an injury to the right knee while placing a cover under the steering wheel of a vehicle. On 04/21/2014, the injured worker presented with bilateral feet, right knee and right calf pain. Upon examination of the knee there was tenderness to palpation over the right knee joint. There was evidence of pain upon flexion and extension with limited range of motion due to spasm. There was 5/5 strength in the bilateral lower extremities, except for the right knee extension which measured 5-/5. There were 2+ reflexes over 4 in the bilateral lower extremities. Current medications included hydrocodone with acetaminophen and Norco. The diagnoses were status post right knee arthroscopy, sprain/strain of the right knee, residual right knee pain and left heel pain. The provider recommended TG Hot and Fluflex cream. The provider's rationale was not provided. The Request for Authorization form was dated 04/21/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TG Hot (Tramadol 8 %, Gabapentin 10 %, Menthol 2 %, Camphor 2 %, Capsaicin 0.05 %) 180 GM: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111. Decision based on Non-MTUS Citation Official Disability Guidelines, topical analgesics.

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

**Decision rationale:** The request for TG Hot (tramadol, gabapentin, menthol, camphor, capsaicin) 180 gm is not medically necessary. The California MTUS Guidelines state that transdermal compounds are largely experimental in use with few randomized controls to determine efficacy and safety. Topical analgesia is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. The guidelines state that muscle relaxants are not recommended for topical use, gabapentin would not be recommended for topical use. Additionally, the guidelines state capsaicin is recommended for injured workers who are intolerant of or unresponsive to other treatments. There is lack of documentation that the injured worker intolerant or unresponsive to other treatments. Additionally, there is lack of documentation that the injured worker failed a trial of first line therapy to include an anticonvulsants or antidepressants. The guidelines state many agents are compounded as monotherapy or in combination for pain control including NSAIDs, opioids, capsaicin and local anesthetics. There is little to no research to support the use of many of these agents. The provider's request does not indicate the site that the cream is indicated for, frequency or the quantity in the request as submitted. As such, the request is not medically necessary.

**Fluflex (Flurbiprofen 10 %, Cyclobenzaprine 10 %) 180 GM:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111. Decision based on Non-MTUS Citation Official Disability Guidelines, topical analgesics.

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

**Decision rationale:** The request for Fluflex (Flurbiprofen 10 %, cyclobenzaprine 10 %) 180 gm is not medically necessary. The California MTUS Guidelines state that transdermal compounds are largely experimental in use with few randomized controls to determine efficacy or safety. Topical analgesia is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug that is not recommended is not recommended. The guidelines note that cyclobenzaprine is not recommended for topical use. Muscle relaxants are not recommended for topical use. Additionally, topical NSAIDs are recommended for osteoarthritis and tendinitis of the knee, elbow or other joints amenable to topical treatment. The injured worker's diagnoses are not congruent with the guidelines recommendation for topical NSAID to warrant the use of Flurbiprofen. Additionally, the provider's request does not indicate the site the cream is intended for or the frequency of the medication in the request as submitted. As such, the request is not medically necessary.