

<b>Case Number:</b>	CM13-0037452		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	02/06/2013
<b>Decision Date:</b>	12/10/2015	<b>UR Denial Date:</b>	10/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2013

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California, Florida, Maryland  
 Certification(s)/Specialty: Internal Medicine

### 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 patient is a 45-year-old male who sustained a work-related injury to his low back on 02/06/13 while stocking lines. In an office visit on 08/28/13, the patient complained of constant severe lumbar pain, which he described as throbbing and aching which was aggravated by prolonged sitting, standing, walking, squatting, kneeling, playing sports and lying in bed; and frequent minimal right thigh pain, which he described as sharp which was aggravated by prolonged walking. Physical examination revealed the following: a+ 3 spasm and tenderness to the bilateral lumbar paraspinal muscles from L2 to S1, multifidus and right piriformis muscle; positive Kemp's test bilaterally; positive right straight leg raise; negative Braggard's and Yeoman's test and decreased bilateral Achilles reflex. It was noted that the lumbar range of motion was captured digitally by Acumar with report and graph attached. The patient was diagnosed with lumbar disc displacement with myelopathy and lesion of sciatic nerve. It was also noted that the patient had been participating in a conservative therapy program however, had not shown a significant amount of functional improvement. It was recommended to stop his conservative treatment and start with six sessions of work hardening program and ordered a 3D MRI of the lumbar spine. Medications such as FlurFiex and TGHOT topical creams with a 30-day supply, tramadol and naproxen sodium were also prescribed. It was noted on 08/28/13 that the patient was declared as temporarily totally disabled until 10/28/13. At issue in the medical necessity of topical flub/cyclo(tram/gaba/menth/camph/caps.) (FlurFiex and TGHOT topical creams).

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective of flub/cyclo (tram/gaba/menth/camph/caps) duration and frequency unknown dispensed on 9/3/13 for low back: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical/compounded analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TWC-Low Back (Lumbar and Thoracic)(Updated 12/27/2013)-Topical Analgesics.

**Decision rationale:** The prospective request for Flurb/Cyclo/Tram/Gaba/Menth/Camph/Capsiacin, does not satisfy CA MTUS or ODG Guidelines. Topical agents are primarily recommended for the treatment of neuropathic pain when trials of antidepressants or anticonvulsants have failed and the documentation provided for review did not describe well-demarcated neuropathic pain that has failed with the readily available oral agents such as antidepressant, antiepileptic, or nonsteroidal anti-inflammatory class to support medical necessity. Also, it has not been established that there has been inadequate analgesia, intolerance or side effects from the more accepted first-line medications prior to consideration of compound topical formulations. Also the guideline states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In addition topical Tramadol, Cyclobenzaprine and Flurbiprofen is not supported by the guideline. Therefore the request for Flurb/Cyclo/Tram/Gaba/Menth/Camph/Capsiacin compound agent is not medically necessary.