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| <b>Case Number:</b>   | CM15-0006160 |                              |            |
| <b>Date Assigned:</b> | 01/20/2015   | <b>Date of Injury:</b>       | 06/28/2013 |
| <b>Decision Date:</b> | 05/01/2015   | <b>UR Denial Date:</b>       | 12/17/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/12/2015 |

### 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  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 57 year old male, who sustained an industrial injury on 06/28/2013. He reported sustaining gradual development of cumulative injuries to the neck, shoulder, back, and abdomen from 01/01/2005 to 04/05/2013, however the documentation did not indicate the mechanism of injury from 06/28/2013. The injured worker was diagnosed as having cervical musculoligamentous strain/sprain with radiculitis, rule out cervical spine discogenic disease, thoracic musculoligamentous strain/sprain, lumbosacral musculoligamentous strain/sprain with radiculitis, rule out lumbosacral spine discogenic disease, bilateral wrist strain/sprain, rule out bilateral wrist internal derangement, rule out bilateral wrist carpal tunnel syndrome, situational depression, and abdominal complaints. Treatment to date has included magnetic resonance imaging of the left wrist, magnetic resonance imaging of the right wrist, trigger points impedance imaging, medication regimen, laboratory studies, x-ray of the thoracic spine, x-ray of the lumbar spine, x-ray of the cervical spine, Functional Capacity Evaluation, multiple percutaneous epidural procedures to the lumbar spine, and physical therapy. In a physician's report dated 12/04/2014 the treating provider reports complaints of pain to the neck, back, bilateral wrists, and abdomen along with associated symptoms of anxiety, stress, and depression. The treating physician also noted cervical, thoracic, lumbar spine, and abdominal tenderness on palpation. The treating physician requested the medications of Fluriflex and TG Hot but the documentation provided did not indicate the specific reason for these requested medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fluriflex 180gm, quantity not indicated:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic pain, Compound drugs.

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

**Decision rationale:** The patient presents with neck, back, both wrist and abdominal pain. The request is for FLURIFLEX 180GM QUANTITY NOT INDICATED. The request for authorization is dated 12/04/14. MRI of the right wrist, 07/29/14, shows bone marrow edema present within the lunate. MRI of the left wrist, 07/10/14, shows subchondral cyst formation; radioulnar joint effusion. X-ray of the right wrist, 12/04/14, shows unremarkable wrist study. Range of motion is decreased to cervical, thoracic and lumbar spine. Positive compression test. Positive straight leg raise on the right. Positive Tinel's test bilaterally. The patient has undergone 6 trigger points impedance imaging procedures. The patient has undergone 3 epidural injections. Patient is not working. The MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Recommended as an option as indicated below. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Non-steroidal antiinflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Gabapentin: Not recommended. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxants as a topical product." Treater does not specifically discuss this medication. In this case, the treater does not document or discuss this patient presenting with arthritis/tendinitis for which the Flurbiprofen component of this topical medication would be indicated. Additionally, MTUS page 111 states that if one of the compounded topical product is not recommended, then the entire product is not. The requested topical compound contains Cyclobenzaprine, which is not supported for topical use in lotion form per MTUS. Therefore, the request IS NOT medically necessary.

**TGHot 180gm, quantity not indicated:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic pain, Compound drugs.

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

**Decision rationale:** The patient presents with neck, back, both wrist and abdominal pain. The request is for TGHOT 180GM QUANTITY NOT INDICATED. The request for authorization is dated 12/04/14. MRI of the right wrist, 07/29/14, shows bone marrow edema present within the lunate. MRI of the left wrist, 07/10/14, shows subchondral cyst formation; radioulnar joint

effusion. X-ray of the right wrist, 12/04/14, shows unremarkable wrist study. Range of motion is decreased to cervical, thoracic and lumbar spine. Positive compression test. Positive straight leg raise on the right. Positive Tinel's test bilaterally. The patient has undergone 6 trigger points impedance imaging procedures. The patient has undergone 3 epidural injections. Patient is not working. MTUS has the following regarding topical creams (p111, chronic pain section): "Recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) ...Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Gabapentin: Not recommended. There is no peer-reviewed literature to support use." Treater does not specifically discuss this medication. MTUS page 111 states that if one of the compounded topical product is not recommended, then the entire product is not. In this case, TG Hot contains Gabapentin in its formulation, which is not supported for topical use in lotion form. Therefore, the request IS NOT medically necessary.