

<b>Case Number:</b>	CM15-0021417		
<b>Date Assigned:</b>	02/10/2015	<b>Date of Injury:</b>	09/17/2006
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	01/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/04/2015

### 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: Family Practice

### 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 58 year old female, who sustained an industrial injury on 9/17/06. She has reported wrist/hand injury. The diagnoses have included bilateral wrist carpal tunnel syndrome, bilateral wrist TFCC tear, bilateral wrist scapholunate ligament tear and status post left thumb laceration. Treatment to date has included physical therapy and medications. (MRI) magnetic resonance imaging of left wrist was performed on 10/28/14 revealed triangular fibrocartilage ligament tear, possible scapholunate ligament tear, joint effusion and distended pisotriquetral joint recess versus synovial cyst. Currently, the injured worker complains of burning, bilateral wrist pain and spasms. On 12/26/14, the injured worker stated the pain is temporarily relieved by medications. On exam, tenderness is noted to palpation over the carpal bones and thenar and hypothenar eminence bilaterally. On 1/30/15 Utilization Review non-certified retrospective Flurbiprofen 20/Tramadol 15% 210 gms #1 and Cyclobenzaprine 2% Tramadol 10% Flurbiprofen 20% 210gms noting there is little or no research to support the use of many of these agents. The MTUS, ACOEM Guidelines, was cited. On 2/4/15, the injured worker submitted an application for IMR for review of retrospective Flurbiprofen 20/Tramadol 15% 210 gms #1 and Cyclobenzaprine 2% Tramadol 10% Flurbiprofen 20% 210gms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Flurbiprofen 20%/Tramadol 15%, 210gms: Upheld**

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

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

**Decision rationale:** The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of topical analgesics, such as flurbiprofen and tramadol. These guidelines state the following: Topical analgesics are 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. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). 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. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. In this case the records indicate that the topical analgesic containing flurbiprofen, an NSAID, is intended for long-term use in this patient. Per the above cited guidelines, there is no evidence in support of the long-term use of a topical NSAID such as flurbiprofen. Further, the use of tramadol as a topical analgesic has not been established. For these reasons, the topical analgesic containing flurbiprofen and tramadol, is not considered as medically necessary.

**Retrospective Cyclobenzaprine 2%/ Tramadol 10%/ Flurbiprofen 20%, 210 gms: Upheld**

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

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

**Decision rationale:** The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of topical analgesics, such as cyclobenzaprine, tramadol and flurbiprofen, as a treatment modality. These guidelines state that topical analgesics are 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. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as

monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adenosine, cannabinoids, cholinergic receptor 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. Cyclobenzaprine, a muscle relaxant, is one component of this topical analgesic. The guidelines state the following regarding topical muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product. Given the above cited guidelines, that any compounded product that contains at least one drug or drug class that is not recommended, the use of this topical analgesic that contains cyclobenzaprine, tramadol and flurbiprofen, is not considered as a medically necessary treatment.