

<b>Case Number:</b>	CM13-0031743		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	12/03/2012
<b>Decision Date:</b>	01/28/2014	<b>UR Denial Date:</b>	09/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/04/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California and Texas. 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 physician 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 patient is a 61-year-old female who reported a work-related injury on 12/03/2012. The patient sustained injuries to her shoulder, right arm, and neck while performing her usual and customary job duties. The patient has undergone injections, physical therapy, and shockwave therapy. The patient's medications include FluriFlex, TGHOT, Relafen, Norco, and Soma. The patient has been recommended for right shoulder surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TGHOT 180mg:** Upheld

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

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

**Decision rationale:** Recent clinical documentation stated the patient complained of intermittent neck pain which radiated to the bilateral upper extremities. She also complained of intermittent right shoulder pain and left shoulder pain with limited range of motion. Examination of the right shoulder revealed restricted range of motion. Impingement sign, drop arm test, apprehension sign, Speed's test, Neer sign, and Hawkins sign were all positive. A urine drug test was

performed on this date. The patient's right shoulder surgery was still pending authorization, and the patient was advised to continue doing her home exercise program. She was status post epidural steroid injection to the C6-7 on 09/03/2013, which provided her with 50% symptomatic relief. The ingredients for TGHOT cream are listed as tramadol 8%, gabapentin 10%, menthol 2%, camphor 2%, and capsaicin 0.05%. California Chronic Pain Medical Treatment Guidelines indicate that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Guidelines further state that many agents are compounded as monotherapy or in combination for pain control, and there is little to no research to support the use of many of these agents. Gabapentin is not recommended as a topical agent per California Medical Treatment Guidelines. There is no peer-reviewed literature to support its use. Tramadol is not recommended as a first line therapy. Capsaicin is recommended only as an option in patients who have not responded to or are intolerant to other treatments. Guidelines further state that any compounded product that contains at least 1 non-recommended drug (or drug class) is not recommended for use. Since the guidelines do not recommend several of the ingredients, there is no medical necessity for this compound. Therefore, the request for TGHOT 180 mg is not medically necessary or appropriate.

**Fluriflex 180mg:** Upheld

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

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

**Decision rationale:** Recent clinical documentation stated the patient complained of moderate pain to her neck, bilateral elbow, and bilateral wrists, with some improvement noted; as well as moderate to severe pain to the bilateral shoulders with some improvements. There was also depression, stomach problems, insomnia, and elevated blood pressure. Tenderness to palpation and palpable spasm over the spinal muscles of the cervical spine was noted, with restricted range of motion. There was tenderness to palpation without palpable spasm noted to bilateral shoulders with restricted range of motion. Tenderness to palpation was noted to the bilateral elbows with restricted range of motion. It was noted the patient was currently using topical medications to include FluriFlex 180 gm, TGHOT 180 gm, and Relafen 750 mg #60 twice a day with meal. The ingredients for FluriFlex are listed as flurbiprofen and cyclobenzaprine. FDA approved routes of administration for Flurbiprofen include oral tablets and ophthalmologic solution. This agent is not currently FDA approved for a topical application. California Chronic Pain Medical Treatment Guidelines indicate that cyclobenzaprine is recommended as an option, using a short course of therapy. Guidelines further state the addition of cyclobenzaprine to other agents is not recommended. Guidelines indicate that topical nonsteroidal anti-inflammatory drugs (NSAIDs) may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Topical NSAIDs are recommended for short-term use of 4 to 12 weeks. Guidelines indicate that any compounded product that contains at least 1 non-recommended drug (or drug class) is not recommended for use. As such, the request for FluriFlex 180 gm is not medically necessary or appropriate.

