

<b>Case Number:</b>	CM13-0034675		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	10/22/2010
<b>Decision Date:</b>	02/12/2014	<b>UR Denial Date:</b>	09/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2013

### 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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 51-year-old female who reported injury on 10/22/2010. The mechanism of injury was not provided. The patient was noted to have complaints of pain in the right shoulder, bilateral elbows, and bilateral wrists. The patient's diagnoses were noted to include right shoulder sprain/strain, rule out shoulder impingement, rotator cuff tear, bilateral elbow lateral epicondylitis, rule out bilateral cubital tunnel syndrome, rule out bilateral wrist carpal tunnel syndrome, bilateral wrist chronic overuse syndrome, and depression secondary to pain. The request was made for medication refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 prescription of Fluriflex 180gm: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Flurbiprofen Topical analgesics Cyclobenzaprine Page(s): 72; 111; 41.

**Decision rationale:** Flurbiprofen is classified as a non-steroidal anti-inflammatory agent. The CA MTUS indicates 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....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." This agent is not currently FDA approved for a topical application. FDA approved routes of administration for flurbiprofen include oral tablets and ophthalmologic solution. A search of the National Library of Medicine - National Institute of Health (NLM-NIH) database demonstrated no high quality human studies evaluating the safety and efficacy of this medication through dermal patches or topical administration...California MTUS Guidelines do not recommend the topical use of cyclobenzaprine as a topical muscle relaxant as there is no evidence for use of any other muscle relaxant as a topical product. The addition of cyclobenzaprine to other agents is not recommended." The clinical documentation submitted for review failed to include documentation of exceptional factors to warrant nonadherence to guideline recommendations. Given the above, the request for 1 prescription of Fluriflex 180gm is not medically necessary.

**1 prescription of TGHot cream 180gm: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Topical Salicylates Topical Analgesics Gabapentin Capsaicin Page(s): s 82; 105; 11.

**Decision rationale:** The ingredients of TG Hot, per the documentation, include tramadol 8%, Gabapentin 10%, menthol 2%, camphor 2% and capsaicin 0.05%. The California MTUS states, "Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety....Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended....Topical Salicylates are recommended... A thorough search of FDA.gov, did not indicate there was a formulation of topical Tramadol that had been FDA approved. The approved form of Tramadol is for oral consumption, which is not recommended as a first line therapy...Gabapentin: Not recommended. There is no peer-reviewed literature to support use... Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments....There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. California MTUS guidelines recommend Topical Salicylates." The clinical documentation submitted for review failed to indicate the necessity for the use of tramadol and Gabapentin, which are not recommended per guideline recommendations. Additionally, there is a lack of documentation indicating that the patient had not responded or was intolerant to other treatments to support the use of capsaicin. Given the above, the request for 1 prescription of TGHot 180gm cream is not medically necessary.

**1 prescription of Omeprazole 20mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS  
Page(s): 69.

**Decision rationale:** California MTUS Guidelines recommend PPIs for patients who have dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review failed to provide the patient had a necessity for the medication. There was a lack of documentation indicating the patient had dyspepsia to support the use of the medication. Additionally, there was a lack of documentation of the efficacy of the requested medication and the necessity for 60 tablets. Given the above, the request for 1 prescription of Omeprazole 20mg #60 is not medically necessary.