

<b>Case Number:</b>	CM14-0118374		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	12/01/2012
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	07/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2014

### 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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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/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 year 38 old male who was injured on 12/1/2012. The diagnoses are bilateral elbows, wrists and carpal tunnel syndrome. The past surgery history is significant for right carpal tunnel surgery on 8/5/2013. On 5/29/2014, [REDACTED] noted objective findings of tenderness to the elbows and wrists. The Phalen test was positive. The pain at the elbow was 2/10, that of the wrist 8/10 on a scale of 0 to 10. The patient reported reduction in pain and increase in ADL after PT sessions. The medications are the topical compound preparations. A Utilization Review determination was rendered on 7/1/2014 recommending non certification for TGHot 180gm and Fluriflex 180gm .

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TGHot 180 gm:** 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 compound Page(s): 111-113.

**Decision rationale:** The CA MTUS recommend that topical compound preparation can be utilized in the treatment of localized neuropathic pain when treatment with anticonvulsant and

antidepressants cannot be tolerated or have failed. The records did not show that the patient failed first line medications. It is recommended that topical medications be evaluated and tried individually for efficacy. The TGHOT compound contains tramadol 8% /gabapentin 105/menthol 2%/ camphor 2% / capsaicin 0.025% . There is lack of FDA or guideline support for the use of topical formulations of tramadol and gabapentin. The criteria for the use of TGHOT 180gm was not met.

**Fluriflex 180 gm:** 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 compound Page(s): 111-113.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that topical compound preparation can be utilized in the treatment of localized neuropathic pain when treatment with anticonvulsant and antidepressants cannot be tolerated or have failed. The records did not show that the patient failed first line medications. The Fluriflex preparation contains flurbiprofen 10% / cyclobenzaprine 10%. There is lack of FDA or guidelines support for the use of topical preparation of cyclobenzaprine. The criteria for the use of Fluriflex 180gm was not met.