

<b>Case Number:</b>	CM14-0123977		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	08/12/2009
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	07/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/06/2014

### 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 Emergency Medicine and Fellowship Trained in Emergency Medical Services, and is licensed to practice in 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 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 injured worker is 50 year old female who reported an injury on 08/12/2009. The injury reportedly occurred when she attempted to hold on to the railing of a flight of stairs to prevent herself from falling back. Her diagnoses included C5-6 disc herniation, L4-L5 and L5-S1 listhesis with degenerative disc disease, bilateral carpal tunnel syndrome, and hand and wrist tendonitis. Her past treatments include medications, transdermal creams, ankle stabilizer, crutches, and physical therapy. The diagnostic exams included multiple MRIs. There was no surgical history indicated in the clinical notes. On 06/26/2014, the injured worker complained of aching pain in the neck with a pins and needle sensation, which she rated 9/10; pain in her bilateral shoulders, which she rated 10/10; and severe low back pain 9/10 that radiates to her lower extremities. The physical exam revealed tenderness bilaterally in the trapezii and the midline base of the spine. There was also a decrease in cervical range of motion, swelling and ecchymosis to the bilateral shoulders, a positive impingement sign, and her gait was abnormal. Her medications were Tizanidine, Norco, Tramadol, Fluriflex Cream, and TgHot Cream. The treatment plan encompassed the use of Tramadol, Norco, Fluriflex Cream Flurbiprofen/Cyclobenzaprine 15%/10% 240gm, and TgHot 240gm. The rationale for the request was not indicated in the clinical notes. The Request for Authorization form signed and submitted on 06/26/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FluriFlex Cream Flurbiprofen/Cyclobenzaprine 15%/10% 240gm: 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 active ingredients in FluriFlex include Flurbiprofen 15% and Cyclobenzaprine 10%. The California/MTUS guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical Analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. 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. In regard to the use of topical NSAIDs, the guidelines state that this treatment may be recommended for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment; however, there is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. In regard to cyclobenzaprine, the guidelines state that the use of muscle relaxants are not recommended as there is no evidence for use of any muscle relaxant as a topical product. The injured worker was noted to have neuropathic pain and she was noted to be taking pain medications and muscle relaxants. However, there was no documentation showing that she had tried and failed an adequate course of antidepressants and anticonvulsants to warrant use of topical analgesics for her neuropathic pain. In addition, the injured worker is being treated for pain in her neck, shoulders, and low back. However, the guidelines state that use of topical NSAIDs is not recommended in treatment of these areas. Moreover, the guidelines specifically state that topical muscle relaxants are not recommended at this time. Therefore, this component is also not supported. In the absence of documentation showing that the injured worker has failed first line medication for neuropathic pain, and as the requested compound contains one or more ingredients that are not recommended, the compound is also not recommended. Additionally, the request, as submitted, did not specify a frequency of use. Therefore, the request for FluriFlex is not medically necessary.

**TGHot (tramadol/Gabapentin/Menthol/Camphor/Capsaicin 8/10/2/2/.05% Cream 240gm):**  
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 active ingredients in TGHot include Tramadol 8%, Gabapentin 10%, Menthol 2%, Camphor 2%, and Capsaicin .5%. The California/MTUS guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical Analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. 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. Topical use of capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Gabapentin is not recommended because there is no peer-reviewed literature to support topical use. The injured worker was noted to have neuropathic pain and she was noted to be taking opioid pain medications and muscle relaxants. However, there was no documentation showing that she had tried and failed an adequate course of antidepressants and anticonvulsants to warrant use of topical analgesics for her neuropathic pain. Also there is a lack of clinical documentation that shows the injured worker was not responding or was intolerant to other treatment options. In the absence of documentation showing that the injured worker has failed first line medication and treatment for neuropathic pain, and as the requested compound contains one or more ingredients that are not recommended, the compound is also not recommended. Additionally, the request, as submitted, did not specify a frequency of use. Therefore, the request for TGHOT is not medically necessary.