

<b>Case Number:</b>	CM14-0127876		
<b>Date Assigned:</b>	08/15/2014	<b>Date of Injury:</b>	02/15/2007
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	07/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 67 year-old male was reportedly injured on 2/15/2007. The most recent progress note, dated 6/13/2014, indicates that there were ongoing complaints of neck, mid/upper back, lower back and left knee pain. Physical examination demonstrated grade 2-3 tenderness to palpation over cervical, thoracic and lumbar paraspinal muscles; restricted cervical, thoracic and lumbar spine range of motion; straight leg raise test is positive bilaterally; and positive McMurray's test. No recent diagnostic imaging studies available for review. Previous treatment includes medications. A request had been made for Fluriflex #1, and TGHOT #1, which were not certified in the utilization review on 7/18/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fluriflex #1:** Upheld

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

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

**Decision rationale:** FluriFlex is a topical cream composed of Flurbiprofen 15% and Cyclobenzaprine 10%. MTUS guidelines state that topical analgesics are "largely experimental"

and "any compound product that contains at least one drug (or drug class) that is not recommended is not recommended". The chronic pain treatment guidelines state there is no evidence to support the use of topical muscle relaxants (Cyclobenzaprine). As such, this request is not considered medically necessary.

**TGHot #1:** Upheld

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

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

**Decision rationale:** TGHot is a topical cream made up of Tramadol, Gabapentin, Menthol, Camphor and Capsaicin. MTUS Chronic Pain Guidelines state that topical analgesics are "largely experimental" and "any compound product that contains at least one drug (or drug class) that is not recommended is not recommended". The chronic pain treatment guidelines state there is no evidence to support the use of topical Gabapentin and recommend against the addition of Gabapentin to other topical agents. As such, this request is not considered medically necessary.