

<b>Case Number:</b>	CM14-0145347		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	07/15/2011
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	08/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2014

### 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 & Rehabilitation and Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 a 53-year-old female who reported an injury on 07/15/2011. The injured worker sustained gradual onset of pain to her elbows, wrists, and hands due to the repetitive nature of her job duties, and physical strain while working as a cook. The injured worker's treatment history included right thumb trigger finger release surgery, physical therapy, x-rays, topical analgesics, and medications. The injured worker was evaluated on 07/24/2014, and it was documented that the injured worker had bilateral elbow pain. Her pain was described as constant, mild to moderate. The injured worker rated the pain as 3/10 to 4/10 on the pain scale. The pain was aggravated by gripping, grasping, reaching, pulling, and lifting. The injured worker complained of bilateral wrists and hand pain. She was status post right wrist carpal tunnel release surgery and right thumb trigger finger release surgery, with residual pain. Her pain was described as constant, moderate to severe. The injured worker rated the pain as 3/10 to 4/10 on the pain scale. The injured worker was frustrated by her injury, and she was experiencing stress, anxiety, insomnia, and depression brought on by her chronic pain, physical limitations, inability to work, and uncertain about her future since she was injured at work. The injured worker stated that the symptoms persist, but the medication does offer her temporary relief in pain and improve her ability to have a restful sleep. She denied any problems with medications. The pain was also alleviated by activity restrictions. Physical examination of the bilateral elbows revealed palpable tenderness was noted over the lateral epicondyle. Range of motion of the bilateral elbows was Flexion /left 140 degrees, extension right/left 0 degrees, pronation right/left was 90 degrees, and supination right/left was 90 degrees. Cozen's sign and Tinel's elbow right/left was positive. Bilateral wrist/hand examination revealed well healed incision at the base of the right thumb, at the A1 pulley, constant, consistent with prior surgery. There was tenderness over the carpal tunnel at the left wrist. There was tenderness to palpation

with mild clicking, at the A1 pulley of the left thumb. There was mild tenderness to palpation over the surgical incision at the right wrist. There was mild hypertrophy noted at the wrist. There was no clicking noted of the right thumb. Range of motion of the bilateral wrists were all within normal limits. Tinel's wrist and Phalen's test left was positive. Diagnosis included cubital tunnel syndrome, bilateral elbows; lateral epicondylitis, right elbow; other synovitis and tenosynovitis, right elbow; olecranon bursitis, left elbow; scapholunate ligament tear syndrome, right wrist; post-traumatic osteoarthritis, left wrist; r/o bilateral wrist carpal tunnel syndrome; status post right wrist carpal tunnel release; status post right thumb trigger finger release; ganglion, left hand; trigger finger, left thumb; other specified mood disorders; anxiety disorder, unspecified; other reactions to severe distress; and nonorganic sleep disorder, unspecified. The Request for Authorization dated 08/28/2014 was for capsaicin 0.025%, flurbiprofen 20%, tramadol 15%, menthol 2%, camphor 2%; and cyclobenzaprine 2%, tramadol 10%, and flurbiprofen 20%. The rationale for the medication was to provide an adjunctive treatment to allow a reduction in the total amount of oral medications required, minimizing the potential side effects of oral medications. It allows an alternative when oral medications are not well tolerated. The provider prescribed them for the efficiency and safety to maximize the benefit to the injured worker while limiting any potential risk of toxicity. Several peer reviewed published studies have shown transdermal medications to be useful.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Capsaicin 0.025%/Flurbiprofen 20%/Tramadol 15%/ Menthol 2%/Camphor2% (210gm):**  
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 Topical Capsaicin, Topical Salicylates, Tramadol Page(s): 72.,  
Decision based on Non-MTUS Citation National Library of Medicine - National Institute of Health (NLM-NIH).

**Decision rationale:** The California MTUS indicates topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are 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. Flurbiprofen is classified as a non-steroidal anti-inflammatory agent. 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... Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments.... California MTUS guidelines recommend Topical Salicylates. Methyl Salicylate 2% and camphor 2% are two of

the ingredients of this compound. 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. The request that was submitted failed to include frequency and duration of medication, and location where topical analgesic needs to be applied to injured worker. As such, the request for capsaicin 0.025%, flurbiprofen 20%, tramadol 15%, menthol 2%, camphor 2% (210 gm) is not medically necessary.

**Cyclobenzaprine2%/Tramadol10%/Flurbiprofen20% (210gm): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain, Flurbiprofen, Topical analgesics, Cyclobenzaprine, Tramadol Page(s): 72, 111, 41,. Decision based on Non-MTUS Citation National Library of Medicine - National Institute of Health (NLM-NIH).

**Decision rationale:** The California 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. Flurbiprofen is classified as a non-steroidal anti-inflammatory agent. 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... 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...California MTUS Guidelines do not recommend the topical use of Cyclobenzaprine as a topical muscle relaxants 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 request that was submitted failed to include frequency and duration of medication, and location of where topical analgesic gel is supposed to apply to the injured worker. As such, the request for cyclobenzaprine 2%, tramadol 10%, and flurbiprofen 20% (210 gm) is not medically necessary.