

<b>Case Number:</b>	CM14-0150329		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	01/27/2011
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	09/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2014

### 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 Internal Medicine has a subspecialty in Nephrology and is licensed to practice in California. 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:

Patient is a 44-year-old male who has submitted a claim for right knee internal derangement, right shoulder impingement syndrome, sleep disturbance, and right scapula lipoma excision associated with an industrial injury date of 1/27/2011. Medical records from 2014 were reviewed. Patient complained of neck pain and right upper extremity pain, associated with numbness. Patient likewise experienced right knee pain, rated 8/10 in severity. Physical examination of the right shoulder showed tenderness, muscle tightness, and weakness. Tinel's sign was positive at the wrist. Treatment to date has included physical therapy, use of a Stim unit, and medications such as Norco, tizanidine, and topical creams. Utilization review from 9/9/2014 denied the requests for TG hot cream, QTY: 240 gm and FluriFlex cream, QTY: 240 gm because of lack of published studies concerning its efficacy and safety.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TG hot cream, QTY: 240 gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation ([http:// www.odgtwc.com/odgtwc/pain.htm](http://www.odgtwc.com/odgtwc/pain.htm))

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, Topical Analgesics Page(s): 28, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Topical Salicylates

**Decision rationale:** TGHOT contains Tramadol, Gabapentin, Menthol, Camphor, and 0.05% Capsaicin. As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. The topical formulation of tramadol does not show consistent efficacy. CA MTUS does not support the use of opioid medications and gabapentin in a topical formulation. Regarding the Menthol component, CA MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. The guidelines do not address camphor. CA MTUS Chronic Pain Medical Treatment Guidelines identifies on page 28 that topical Capsaicin is only recommended as an option if there was failure to respond or intolerance to other treatments. The guideline states there is no current indication that an increase over a 0.025% formulation of capsaicin would provide any further efficacy. In this case, topical cream is prescribed as adjuvant therapy to oral medications. However, the prescribed medication contains tramadol, gabapentin, and 0.05% capsaicin, which are not recommended for topical use. Guidelines state that any compounded product that contains a drug class that is not recommended is not recommended. Therefore, the request for TG hot cream, QTY: 240 gm is not medically necessary.

**FluriFlex cream, QTY: 240 gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation ([http:// www.odg-twc.com/odgtwc/pain.htm](http://www.odg-twc.com/odgtwc/pain.htm))

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** Flurflex contains flurbiprofen 10% and cyclobenzaprine 10%. According to CA MTUS Chronic Pain Medical Treatment Guidelines pages 111-113, topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. Cyclobenzaprine is not recommended for use as a topical analgesic. In addition, there is little to no research as for the use of flurbiprofen in compounded products. In this case, patient was prescribed topical products as adjuvant therapy to oral medications. However, the compounded product contains Flurbiprofen and cyclobenzaprine, which are not recommended for topical use. Guidelines state that any compounded product that contains a drug class that is not recommended is not recommended. Therefore, the request for FLURIFLEX 240 GMS is not medically necessary.