

<b>Case Number:</b>	CM14-0093687		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	08/03/2007
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	05/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/20/2014

### 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 Illinois. 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 54 year-old male was reportedly injured on 8/13/2007. The most recent progress note dated 5/5/2014, indicates that there are ongoing complaints of low back pain. Physical examination demonstrated decreased lumbar range of motion in all directions with pain; positive Minor's sign, Kemp's sign and straight leg raise test; DTR's (deep tendon reflexes) 2+/4 in lower extremities; motor strength 5-/5 hip flexors, otherwise 5/5 in lower extremities; guarded gait with a wheeled walker. No recent diagnostic imaging studies available for review. Previous treatment includes lumbar fusion, lumbar epidural steroid injections, physical therapy, home exercise program and medications. A request had been made for TGHOT (Tramadol 8%, Gabapentin 10%, Menthol 2%, Capsaicin 0.05%) 180gram jar; and FlurFlex (Flurbiprofen 10%, cyclobenzaprine 10%) 180 gram jar, which were not certified in the utilization review on 5/28/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TGHOT (Tramadol 8%, Gabapentin 10%, Menthol 2%, Capsaicin 0.05%) 180gram jar:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Chronic Pain subsection under medication-compound drugs

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113 of 127..

**Decision rationale:** MTUS treatment guidelines state that topical analgesics are "largely experimental" and that "any compound product that contains at least one drug (or drug class) that is not recommended, is not recommended". Additionally, the guidelines state there is no evidence to support the use of topical gabapentin and recommend against the addition of Gabapentin to other agents. As such, this request is not considered medically necessary.

**FlurFlex (Flurbiprofen 10%, cyclobenzaprine 10%) 180 gram jar:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Chronic Pain subsection under medication-compound drugs

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 113 of 127..

**Decision rationale:** MTUS treatment guidelines state that topical analgesics are largely experimental with few randomized controlled trials to determine efficacy or safety. The guidelines further state that the use of topical muscle relaxers, including cyclobenzaprine, is not recommended. As such, this request is not considered medically necessary.