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| <b>Case Number:</b>   | CM14-0135635 |                              |            |
| <b>Date Assigned:</b> | 08/29/2014   | <b>Date of Injury:</b>       | 01/24/2013 |
| <b>Decision Date:</b> | 11/17/2014   | <b>UR Denial Date:</b>       | 08/18/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/22/2014 |

### 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 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:

The patient is a 55 year old female who was injured on 01/24/2013. The mechanism of injury is unknown. Prior treatment history has included physical therapy, Motrin and Flexeril. Progress report dated 06/12/2014 states the patient complained of low back pain rated as a 6/10. On exam, she has grade 2 to 3 tenderness to palpation over the paraspinal muscles, which has decreased from grade 3. Straight leg raise is positive bilaterally and trigger points are noted. She is diagnosed with lumbar spine disc protrusion with radiculitis and recommended for Flexeril, Motrin, Fluriflex and TGHOT 180gm as per RFA dated 06/12/2014. Prior utilization review dated 08/18/2014 states the request for Fluriflex 180g is denied as it is not indicated; and TGHOT 180g is denied as long term use of muscle relaxants is not recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fluriflex 180g:** Upheld

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

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

**Decision rationale:** The MTUS Chronic Pain Guidelines state that topical analgesics are "largely experimental" and "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended". The guidelines note there is little evidence to support the use of topical NSAIDs such as Flurbiprofen for treatment of conditions affecting the soft tissues of the spine and there is no evidence to support the use for neuropathic pain. Additionally, the guidelines state there is no evidence to support the use of topical Cyclobenzaprine (a muscle relaxant). The guidelines do not support the use of Flurbiprofen or Cyclobenzaprine in a topical formulation. The request for FluriFlex is not medically necessary and appropriate.

**TGHOT 180g:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Package inserts

**Decision rationale:** The guidelines do not support the requested TGHOT cream. The MTUS guidelines consider such compounded agents as experimental and without data to support their use. These guidelines also indicate the lack of indication for any one agent (or in this case all of the agents) renders the compounded formula not indicated. This cream contains tramadol, a weak opioid receptor agonist and serotonin-norepinephrine re-uptake agent. There is no data regarding the peripheral activities of tramadol. This cream also contains gabapentin, an agent that affects voltage dependent calcium channels at the dorsal horn of the spinal cord. There is no data to indicate any peripheral effect of gabapentin. Therefore, the clinical rationale for the application of these agents peripherally is lacking. The requested TGHOT cream is therefore not medically necessary and appropriate.