

<b>Case Number:</b>	CM14-0121333		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	11/26/2013
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	07/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2014

### 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 injured worker is a 32-year-old male who reported an injury on 11/26/2013. The injured worker's diagnosis was noted to be status post right shoulder surgery 05/21/2014. The mechanism of injury was repetitive motion. The prior therapies included physical therapy and pain medications. The recent documentation was from 04/29/2014, which revealed the injured worker had intermittent neck pain and right shoulder pain. The injured worker's pain was associated with range of motion. The injured worker's medications were noted to include meloxicam and Aleve. The physical examination revealed the injured worker had decreased range of motion of the right shoulder. The injured worker had a positive Hawkins and Neer and drop test. The supraspinatus strength was 4/5. The diagnosis included impingement syndrome of the right shoulder with weakness of both the supraspinatus and infraspinatus. The treatment plan included a right shoulder arthroscopy that was already scheduled. There was no Request for Authorization submitted for review or physician documentation requesting the compounded medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Request: Compound Medication - Tob 5%/Mup 5%/Itra 2%/Pril 3% (Date of Service 05/29/2014): 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.

**Decision rationale:** The California MTUS guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety... are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The clinical documentation submitted for review failed to provide the injured worker had neuropathic pain and that trials of antidepressants and anticonvulsants had failed. There was a lack of documentation, including clarification of the ingredients, to support topical usage. There was a lack of documentation submitted for the requested date of injury 05/29/2014. There was a lack of documented rationale submitted for the requested compound medication. The request as submitted failed to indicate the frequency and quantity of the requested medication. The duration of use could not be established. Given the above, the retrospective request for Compound Medication - Tob 5%/Mup 5%/Itra 2%/Pril 3% (Date of Service 05/29/2014) is not medically necessary.

**Retrospective Request: Compound Medication - Flut 1%/Levo 2%/Pen 0.5%/Pril 3%/Gaba 15% (Date of Service 05/29/2014): 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, Gabapentin Page(s): 111, 113.

**Decision rationale:** The California MTUS guidelines indicate that 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Gabapentin: Not recommended. There is no peer-reviewed literature to support use. There was a lack of clinical documentation submitted for review to support the duration of use. There was a lack of documented rationale for the compounded medication. The request as submitted failed to provide the specific ingredients that were being requested as components of the compound. The request as submitted failed to indicate the frequency and quantity of medication being requested. There was a lack of documentation indicating the injured worker had a trial and failure of antidepressants and anticonvulsants. Given the above, the retrospective request for Compound Medication - Flut 1%/Levo 2%/Pen 0.5%/Pril 3%/Gaba 15% (Date of Service 05/29/2014) is not medically necessary.

**Retrospective Request: Compound Medication - Flur 20%/Cyclo 4%/Lido 5% (Date of Service 05/29/2014): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Flurbiprofen, Topical analgesics Topical Cyclobenzaprine, Lidocaine Page(s): 72, 111, 112, 113.

**Decision rationale:** The California MTUS guidelines indicate that 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. 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...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 guidelines indicate that topical lidocaine (Lidoderm) may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain... Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. There was a lack of documentation indicating the injured worker had a trial and failure of antidepressants and anticonvulsants. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. The request as submitted failed to indicate the frequency and quantity of the medication being requested. The duration of use could not be established through supplied documentation. Given the above, and the lack of documentation, the retrospective request for Compound Medication - Flur 20%/Cyclo 4%/Lido 5% (Date of Service 05/29/2014) is not medically necessary.