

<b>Case Number:</b>	CM14-0146068		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	07/31/2013
<b>Decision Date:</b>	12/11/2014	<b>UR Denial Date:</b>	08/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2014

### 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, has a subspecialty in Interventional Spine 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 59 year old male with an injury date of 07/31/13. Based on the 03/03/14 progress report, the patient complains of left shoulder pain (rated as an 8/10) as well as bilateral wrist/hand pain. The pain becomes worse with attempts to reach. He has a limited range of motion with his left shoulder. The patient's diagnoses include the following: 1. Left shoulder rotator cuff tear 2. CTS 3. Right Dupuytren's contracture The utilization review determination being challenged is dated 08/07/14. There were two treatment reports provided from 01/08/13 and 03/03/14. Both reports were hand-written and illegible.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**. Retrospective Request for Flurbi/Tram Cream, Gaba/Amitrip/Dextro Cream: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

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

**Decision rationale:** According to the 03/03/14 report, the patient presents with left shoulder pain and bilateral wrist/hand pain. The request is for a PRESCRIPTION DRUG, GENERIC. The

report with the request was not provided. However, the denial letter states that the topical compounded medications flurbiprofen/tramadol and gabapentin/amitriptyline/dextrose were being used for temporary relief of minor aches and pains caused by arthritis, simple backache and strains for the patient's shoulder, hand, and wrist pain. The request appears to refer to these topical compounds. MTUS Guidelines provides a clear discussion regarding topical compounded creams. It does not support the use of topical NSAIDs for axial/spinal pain, but for peripheral joint arthritis and tendinitis. Review of the two reports provided does not indicate if the patient presents with peripheral joint arthritis/tendinitis for which topical NSAIDs are indicated. MTUS Page 111 regarding topical analgesics states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Regarding Gabapentin, MTUS states, "Not recommended. There is no peer-reviewed literature to support use." There is no support for Tramadol as a topical compound either. There is lack of evidence that topical Tramadol can help chronic pain. MTUS page 111 continues to state that amitriptyline is not recommended. "There is currently one Phase III study of baclofen-amitriptyline-ketamine gel in cancer patients for treatment of chemotherapy-induced peripheral neuropathy. There is no peer review literature to support the use of topical baclofen." Due to lack of support from MTUS guidelines, recommendation is not medically necessary.