

<b>Case Number:</b>	CM14-0026454		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	08/11/2011
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	02/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2014

### 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 Occupational Medicine 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 60-year-old male who has submitted a claim for cervical strain, right shoulder and elbow pain associated from an industrial injury date of August 11, 2011. Medical records from 2013-2014 were reviewed, the patient complained of constant pain of the cervical spine, described as sharp, stiff and numb in character with radiation and intermittent right shoulder and right elbow pain described as burning, stiff and numb in character. Physical examination of the cervical spine, right shoulder and right elbow showed tenderness and spasm upon palpation with captured range of motion. Treatment to date has included oral medications such as Norco, Naproxen, Prilosec and Flexeril and chiropractic therapy. Utilization review from February 6, 2014 denied the retrospective requests for medications Flurbiprofen / Lidocaine / Amitriptyline and Gabapentin / Cyclobenzaprine / Tramadol, both dispensed on 11/9/2013, because the topical medications prescribed were not recommended. Furthermore, there was no indication the patient has failed other medications or is an outlier to the guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retroerspective request for medications Flurbiprofen/Lidocaine/Amitriptyline dispensed on 11/9/2013: 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:** As stated on pages 111 to 113 of the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are recommended as an option for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Regarding the Flurbiprofen component, topical non-steroidal anti-inflammatory drugs (NSAID) formulation is only supported for Diclofenac in the California MTUS. Topical formulations of Lidocaine (whether creams, lotions or gels) are not indicated for neuropathic or non-neuropathic pain complaints. Regarding the Amitriptyline component, guidelines recommend its use with Ketamine for treatment of chemotherapy-induced peripheral neuropathy. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, medical records reviewed did not show failure of or intolerance to oral formulations. Moreover, Flurbiprofen and Lidocaine are not recommended for topical use. Furthermore, the medical records did not show that the patient has chemotherapy-induced peripheral neuropathy to warrant the use of topical Amitriptyline. Therefore, the retrospective request for medications Flurbiprofen/Lidocaine/Amitriptyline dispensed on 11/9/2013 is not medically necessary.

**Retrospective request for medications Gabapentin/Cyclobenzaprine/Tramadol-dispensed on 11/9/2013:** 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:** As stated on pages 111 to 113 of the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are recommended as an option for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Regarding the Gabapentin component, guidelines do not recommend its Gabapentin, as there is no peer-reviewed literature to support its use. Regarding the Cyclobenzaprine component, there is no evidence to support the use of topical Cyclobenzaprine, and the addition of Cyclobenzaprine to other agents is not recommended. Regarding the Tramadol component, guidelines do not support the use of Tramadol in a topical formulation. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, medical records reviewed did not show failure of or intolerance to oral formulations. Moreover, all the components of the compound medication requested are not recommended for topical use. Lastly, the present request as submitted failed to specify the duration and frequency of the topical medication to be evaluated. Therefore, the retrospective request for medications Gabapentin/Cyclobenzaprine/Tramadol-dispensed on 11/9/2013 is not medically necessary.

