

Case Number:	CM14-0041726		
Date Assigned:	08/04/2014	Date of Injury:	10/11/2013
Decision Date:	09/10/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/07/2014

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 a 41-year-old male who has submitted a claim for right shoulder rotator cuff tear, tendinitis/bursitis of the bilateral hands/wrists, and carpal tunnel syndrome associated with an industrial injury date of October 11, 2013. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of right shoulder pain and bilateral hand pain. Physical examination revealed spasm and tenderness of the right rotator cuff muscles and right upper shoulder muscles. Codman's test, Speeds test and Supraspinatus tests were positive on the right. There was spasm and tenderness of the bilateral anterior wrists, bilateral posterior extensor tendons and bilateral thenar eminences. Tinel's test and Bracelet test were positive bilaterally. Painful and restricted ranges of motion of the right shoulder and bilateral wrists were noted. Decrease in the right C5 and C6 deep tendon reflexes were noted. Treatment to date has included physical therapy, acupuncture, and medications, which include Naprosyn 500mg, Ibuprofen 800mg, Tramadol 50mg, Relafen 750mg, Ultracet 37.5/325mg, and Polar Frost gel. Utilization review from March 21, 2014 denied the request for compound creams: Lidocaine 6%, Gabapentin 10%, Tramadol 10% 180gm and Flurbiprofen 15%, Cyclobenzaprine 2%, Baclophen 2%, Lidocaine 5% 180gm. The request was denied based on the diagnosis and considering other more generally recognized and effective medications are available without specific hard clinical indications for need for this compounded cream and considering lack of documented trial of more generally recognized medications and considering that this compounded medication is not FDA approved, and considering the dosing of the medication is not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound Cream: Lidocaine 6%, Gabapentin 10%, Tramadol 10% 180gm: 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: According to the California MTUS Guidelines, many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, a-adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor antagonists). Compounded products have limited published studies concerning its efficacy and safety. There is little to no research to support the use of many of these agents. Topical formulations of lidocaine and prilocaine (whether creams, lotions or gels) are not indicated for neuropathic or non-neuropathic pain complaints. Tramadol is indicated for moderate to severe pain, but it is not recommended for topical use. Guidelines do not support the use of both opioid medications and gabapentin in a topical formulation. Furthermore, the use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. In this case, the patient has been on the topical compounded product since at least October 2013. Compounded product was prescribed as adjuvant therapy for oral medications however, there was no discussion concerning the need for three different topical medications. In addition, certain components of this compounded product, such as Tramadol, Gabapentin, and Lidocaine, are not recommended for topical use. The guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Furthermore, the request failed to specify the amount to be dispensed. Therefore, the request for Compound Cream: Lidocaine 6%, Gabapentin 10%, Tramadol 10% 180gm as needed is not medically necessary.

Compound Cream: Flurbiprofen 15%, Cyclobenzaprine 2%, Baclophen 2%, Lidocaine 5% 180gms: 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: According to the California MTUS Guidelines, many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, a-adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor antagonists). There is little to no research as for the use of Flurbiprofen in compounded products. Topical formulations of lidocaine and prilocaine (whether creams, lotions or gels) are not indicated for neuropathic or non-neuropathic pain complaints. There is no evidence for use of Cyclobenzaprine as a topical

product. Guidelines do not support the use of both opioid medications and gabapentin in a topical formulation. Compounded products have limited published studies concerning its efficacy and safety. Furthermore, the use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. In this case, the patient has been on a topical compounded product since at least October 2013. Compounded products were prescribed as adjuvant therapy for oral medications however, there was no discussion concerning the need for four different topical medications. In addition, certain components of this compounded product including Flurbiprofen, Cyclobenzaprine, and Lidocaine are not recommended for topical use. The guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the request for Compound Cream: Flurbiprofen 15%, Cyclobenzaprine 2%, Baclophen 2%, Lidocaine 5% 180gms is not medically necessary.