

<b>Case Number:</b>	CM14-0042135		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	09/25/2011
<b>Decision Date:</b>	08/25/2014	<b>UR Denial Date:</b>	04/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Physical Medicine and Rehabilitation and is licensed to practice in Texas and Oklahoma. 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 28-year-old female who reported an injury on 09/25/2011. The mechanism of injury was pulling. She is diagnosed with degenerative disc disease of the cervical, thoracic, and lumbar spine, as well as right shoulder tendinitis. Her previous treatments were noted to include applications of ice, pain medications, physical therapy, acupuncture, work restrictions, and topical analgesics. On 01/29/2014, the injured worker presented with complaints of pain in the right shoulder, cervical spine, thoracic spine, and lumbar spine. She also reported radiating symptoms into her bilateral arms and hands. She was noted to report decreased pain to 2/10 with use of her medications and topical analgesics. The physical examination revealed decreased range of motion in flexion of the right shoulder, diminished left grip strength, and positive impingement signs of the left shoulder. A specific medication list was not provided in the medical records. The treatment plan included medication refills, continued acupuncture and core strengthening treatments, and a functional capacity evaluation. A clear rationale for the requested topical compounded products was not provided in the medical records. The request for authorization for the requested topical compounded products was submitted on 01/29/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound Topical Cream: Flurbiprofen 20%, Tramadol 20%, Cyclobenzaprine 4%(quantity unknown): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Topical Analgesics:compounded.

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

**Decision rationale:** The requested service is not medically necessary. According to the California MTUS Guidelines, topical analgesics are largely experimental in use with limited evidence demonstrating efficacy or safety, and are primarily recommended to treat neuropathic pain when trials of anticonvulsants and antidepressants have failed. The guidelines also state that any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. In regard to flurbiprofen, the guidelines indicate that topical NSAIDs may be recommended to treat osteoarthritis of joints amenable to topical treatment, but there is little evidence to utilize topical NSAIDs for the treatment of osteoarthritis of the spine, hip, or shoulder. The clinical information submitted for review indicated that the patient had pain in her shoulder and spine. Therefore, use of topical NSAIDs is not supported. In regards to cyclobenzaprine, the guidelines state that there is no evidence to support use of muscle relaxants as topical products at this time. Therefore, the topical cyclobenzaprine is not supported. As the topical compound requested contains flurbiprofen and cyclobenzaprine, the topical compound is also not supported. As such, the request is not medically necessary.

**Compound Topical Cream: Gabapentin 10%, Amitriptyline 10%, Dextrol 10% (quantity unknown):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Topical Analgesics:compounded.

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

**Decision rationale:** The requested service is not medically necessary. According to the California MTUS Guidelines, topical analgesics are largely experimental in use with limited evidence demonstrating efficacy or safety, and are primarily recommended to treat neuropathic pain when trials of anticonvulsants and antidepressants have failed. The guidelines also state that any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. In regard to gabapentin, the guidelines specifically state that there is no peer-reviewed literature to support use of gabapentin as a topical product. As the requested topical compound contains gabapentin which is not supported, the topical compound is also not supported. As such, the request is not medically necessary.