

<b>Case Number:</b>	CM14-0194169		
<b>Date Assigned:</b>	12/02/2014	<b>Date of Injury:</b>	07/18/2014
<b>Decision Date:</b>	01/14/2015	<b>UR Denial Date:</b>	11/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/19/2014

### 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 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 50 year old male with an injury date of 07/18/14. Based on the 10/20/14 progress report, the patient complains of pain in the neck that radiates in the pattern of bilateral C7 dermatomes and right shoulder/arm pain. His neck pain decreased from a 7-8/10 to a 5/10 and his right shoulder/arm pain decreased from a 7/10 to a 4-5/10 since the last visit. In regards to the cervical spine, there is grade 2 tenderness to palpation over the paraspinal muscles and 3 palpable spasms. There is restricted range of motion and cervical compression test is positive. For the right shoulder, there is grade 3 tenderness to palpation and 2 palpable spasms. There is restricted range of motion for the right shoulder as well. Regarding the right arm, there is grade 3 tenderness to palpation and 2 palpable spasms. The patient's diagnoses include the following: 1.Cervical spine musculoligamentous strain/sprain with radiculitis2.Cervical spine discogenic disease, per MRI dated 10/08/143.Chronic subluxation rotator cuff tear, per MRI dated 10/08/144.Chronic anxiety5.History of recent shoulder posterior dislocationThe utilization review determination being challenged is dated 11/12/14. There was one treatment report provided from 10/20/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound Cream #1- Gabapentin 10%, Amitriptyline 10%, Bupivaine 5%: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines

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

**Decision rationale:** According to the 10/20/14 report, the patient presents with neck pain which radiates in the pattern of bilateral C7 dermatomes and right shoulder/arm pain. The request is for Compound Cream #1- Gabapentin 10%, Amitriptyline 10%, Bupivacaine 5%. The 10/20/14 report states that "topical medications were prescribed in order to minimize possible neurovascular complications; and to avoid complications associated with the use of narcotic medications, as well as upper GI bleeding from the use of NSAID's medication." MTUS guidelines have the following regarding topical creams (page 111, chronic pain section): "Topical analgesics are largely experimental and used with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Gabapentin: Not recommended. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." MTUS continues to state that many agents are compounded for pain control including antidepressants and that there is little to no research to support their use. "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." Amitriptyline is a tricyclic antidepressant. MTUS specifically states that anti-depressants such as Amitriptyline are not recommended and this ingredient has not been tested for transdermal use with any efficacy. The requested compounded cream also contains Gabapentin which is not indicated by guidelines. MTUS states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." Neither Amitriptyline nor Gabapentin are indicated for topical cream. The requested compounded cream is not medically necessary.

**Compound Cream Flurbiprofen 20%, Baclofen 5%, Dexamethasone 2%, Menthol 2%, Camphor 2 % Capsaicin 0.025%:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines Pain (Chronic)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111, 60.

**Decision rationale:** According to the 10/20/14 report, the patient presents with neck pain which radiates in the pattern of bilateral C7 dermatomes and right shoulder/arm pain. The request is for Compound Cream Flurbiprofen 20%, Baclofen 5%, Dexamethasone 2%, Menthol 2%, Camphor 2%, Capsaicin 0.025%. The 10/20/14 report states that "topical medications were prescribed in

order to minimize possible neurovascular complications; and to avoid complications associated with the use of narcotic medications, as well as upper GI bleeding from the use of NSAID's medication." MTUS guidelines have the following regarding topical creams (p111, chronic pain section): "Topical analgesics are largely experimental and used with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Gabapentin: Not recommended. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." Capsaicin is indicated for most chronic pain conditions. Flurbiprofen, an NSAID, is indicated for peripheral joint arthritis/tendinitis. In this case, the patient does not present with arthritis/tendinitis for which this topical medication may be indicated nor does the treater indicate how this topical product is being used and with what efficacy either. MTUS page 60 requires recording of pain and function when medications are used for chronic pain. Furthermore, Baclofen is not indicated for compounded creams. The requested compounded cream is not medically necessary.