

<b>Case Number:</b>	CM14-0200882		
<b>Date Assigned:</b>	12/11/2014	<b>Date of Injury:</b>	03/12/2013
<b>Decision Date:</b>	01/31/2015	<b>UR Denial Date:</b>	11/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2014

### 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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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:

This patient is a 45 year old employee with date of injury of 3/12/13. Medical records indicate the patient is undergoing treatment for s/p carpal tunnel release, right hand, 06/13; carpal tunnel release, left hand, 6/14. Patient has also been diagnosed with: pain in joint, forearm, cervicgia, brachial neuritis/radiculitis NOS, lumbago, thoracic/lumbosacral neuritis/radiculitis UNS, sprain and strain of neck, sprain and strain of lumbar, spasm of muscle and wrist strain. Subjective complaints include sharp and stiff wrist pain. Objective findings include tenderness and spasm to cervical and lumbar paravertebral muscles. Both cervical compression and shoulder depression tests are positive bilaterally. There is tenderness to palpation on the right and left lateral and volar wrists. On the right, Phalen and Tinel's are both positive. On the left, Phalen's is positive and Tinel's is negative. The patient's sitting straight leg test is positive bilaterally. Range of motion in all described areas is restricted with pain. Treatment has consisted of therapy, acupuncture, chiropractic care, massage, Compounded cream; Gabapentin 10%/Amytryptline 10%/Bupivacaine 5%, 30 grams and Compounded cream; Flurbiprofen 20%/Baclofen 5%/Dexamethasone 2%/Menthol 2%/Camphor 2%/Capsaicin, 30 grams. The utilization review determination was rendered on 11/6/14 recommending non-certification of Compounded cream; Gabapentin 10%/Amytryptline 10%/Bupivacaine 5%, 30 grams and Compounded cream; Flurbiprofen 20%/Baclofen 5%/Dexamethasone 2%/Menthol 2%/Camphor 2%/Capsaicin, 30 grams.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compounded cream: Gabapentin 10%/Amitriptyline 10%/Bupivacaine 5%, 30 grams:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Chronic Pain, Medication-Compound Drugs

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams

**Decision rationale:** MTUS and ODG recommend usage of topical analgesics as an option, but also further details that topical analgesics are "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS 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." MTUS states that topical Gabapentin is "Not recommended" and further clarifies, "antiepilepsy drugs: There is no evidence for use of any other antiepilepsy drug as a topical product." As such the request for Compounded cream; Gabapentin 10%/Amitriptyline 10%/Bupivacaine 5%, 30 grams is not medically necessary.

**Compounded cream: Flurbiprofen 20%/Baclofen 5%/Dexamethasone 2%/Menthol 2%/Camphor 2%/Capsaicin, 30 grams:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Chronic Pain, Medication-Compound Drugs

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams

**Decision rationale:** MTUS and ODG recommend usage of topical analgesics as an option, but also further details that topical analgesics are "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS 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." MTUS states that topical Baclofen is "Not recommended." As such, the request for Compounded cream: Flurbiprofen 20%/Baclofen 5%/Dexamethasone 2%/Menthol 2%/Camphor 2%/Capsaicin, 30 grams is not medically necessary.