

<b>Case Number:</b>	CM14-0201939		
<b>Date Assigned:</b>	12/12/2014	<b>Date of Injury:</b>	08/23/2013
<b>Decision Date:</b>	01/31/2015	<b>UR Denial Date:</b>	11/20/2014
<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 Internal 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 an injured worker with a history of lumbar back and shoulder injuries. Date of injury was August 23, 2013. Regarding the mechanism of injury, the patient was lifting an object and felt left shoulder and back symptoms. MRI magnetic resonance imaging of the left shoulder performed on June 20, 2014 demonstrated status post rotator cuff surgery and acromioclavicular osteoarthritis. The progress report dated June 26, 2014 documented low back pain that radiates to both the lower extremities and left shoulder pain. The progress report dated August 14, 2014 documented low back pain that radiates to both the lower extremities and left shoulder pain. The progress report dated September 16, 2014 documented subjective complaints of left shoulder pain. On physical examination, the range of motion of the left shoulder demonstrated flexion at 65 degrees, extension 45 degrees, abduction at 65 degrees, adduction at 55 degrees, internal rotation at 80 degrees, and external rotation at 80 degrees. The progress report dated October 8, 2014 documented subjective complaints of left shoulder pain and lumbosacral pain. Diagnoses included status post left shoulder surgery, lumbosacral radiculitis, lumbosacral disc disorder, and right shoulder impingement syndrome. The treatment plan included urine toxicology and topical creams.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 10 Percent/Amitriptyline 10 Percent/Bupivacaine 5 Percent:** 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:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address topical analgesics. Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. Gabapentin is not recommended. There is no peer-reviewed literature to support use. There is no evidence for use of any other antiepilepsy drug as a topical product. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Medical records indicate a history of right shoulder impingement syndrome, status post left shoulder surgery, lumbosacral radiculitis, and lumbosacral disc disorder. MTUS guidelines do not support the use of topical products containing Gabapentin. Per MTUS, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the request for a topical analgesic containing Gabapentin is not supported by MTUS. Therefore, the request for Gabapentin 10 Percent / Amitriptyline 10 Percent / Bupivacaine 5 Percent is not medically necessary.

**Flurbiprofen 20 Percent/Baclofen 5 Percent/Dexamethasone 2 Percent/Menthol 2 Percent/Camphor 2 Percent/Capsaicin .025 Percent:** 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:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address topical analgesics. Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. Baclofen is not recommended. There is no peer-reviewed literature to support the use of topical Baclofen. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Medical records indicate a history of right shoulder impingement syndrome, status post left shoulder surgery, lumbosacral radiculitis, and lumbosacral disc disorder. MTUS guidelines do not support the use of topical products containing Baclofen. Per MTUS, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the request for a topical analgesic containing Baclofen is not supported by MTUS. Therefore, the request for Flurbiprofen 20 Percent / Baclofen 5 Percent / Dexamethasone 2 Percent / Menthol 2 Percent / Camphor 2 Percent / Capsaicin .025 Percent is not medically necessary.

