

<b>Case Number:</b>	CM14-0209403		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	09/20/2005
<b>Decision Date:</b>	02/13/2015	<b>UR Denial Date:</b>	11/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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 Rehab, has a subspecialty in Interventional Spine 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 70 year old male with an injury date of 09/20/05 which occurred while lifting heavy weight over his head. Based on the 10/29/14 progress report provided by treating physician, the patient complains of pain to the right shoulder rated 6/10, pain to the right hand rated 5/10. Patient has no surgical interventions directed at this complaint. Physical examination 10/29/14 revealed positive impingement test to the right shoulder, impaired range of movement to the right thumb and right index fingers. Range of shoulder motion was decreased (extent unspecified). The patient is currently prescribed Naproxen, Tramadol, Terocin patches and compound creams (unspecified). Diagnostic testing results were not included with the report, although the denial letter dated 11/18/14 indicates that 01/14/08 MRI findings included "no tear of rotator cuff but suspicious for degeneration and tendinosis of the supraspinatus." Additionally, denial letter indicates that EMG/NCS performed 04/04/08 noted upper extremities were positive for peripheral nerve entrapment." Patient's work status is not specified in the reports provided. Diagnosis 11/04/14- R hand S/S (sprain/strain) Diagnosis 10/29/14, 10/01/14- Internal derangement right shoulder- Hand sprain/strain, right- Insomnia The utilization review determination being challenged is dated 11/18/14. The rationale is Medical necessity has not been established for compounded medications. CA MTUS states that Flurbiprofen, Gabapentin, and Baclofen are not recommended for topical applications... It is unclear why topical medications are needed..." Treatment reports were provided from 10/01/14 to 11/04/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compounded medication: Flurbiprofen 20%, Tramadol 20% 210mg X 30 day supply:** 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.

**Decision rationale:** MTUS page 111 of the chronic pain section states the following regarding topical analgesics: 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. 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. Regarding topical NSAIDs, MTUS page 112 states: "The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. In this case, the patient does present with peripheral joint pains for which topical NSAID may be indicated, but this compound contains Tramadol which is not discussed in MTUS or ODG for topical use. Given the lack of support for Tramadol in topical formulation, the request IS NOT medically necessary.

**Amitriptyline 10%, Dextromethorphan 10%, Gabapentin 10% x 30 day supply:** Upheld

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

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

**Decision rationale:** MTUS page 111 of the chronic pain section states the following regarding topical analgesics: 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. 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." Regarding topical Gabapentin, MTUS page 112 states: "Not recommended, there is no peer reviewed literature to support use. While the records provided do indicate that the patient suffers from chronic pain and impairment that could indeed benefit from additional pain control measures, the prescribed compounded topical medications do not agree with MTUS guidelines in regards to the use of topical analgesics, individually or in combination. Topical Gabapentin is not supported by the guidelines. Therefore, this request IS NOT necessary.

**Gabapentin 10%, Amitriptyline 10%, Bulvacaine 5%, 210 grams:** Upheld

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

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

**Decision rationale:** MTUS page 111 of the chronic pain section states the following regarding topical analgesics: 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. 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." Regarding topical Gabapentin, MTUS page 112 states: "Not recommended, there is no peer reviewed literature to support use. While the records provided do indicate that the patient suffers from chronic pain and impairment that could indeed benefit from additional pain control measures, the prescribed compounded topical medications do not agree with MTUS guidelines in regards to the use of topical analgesics, individually or in combination. Topical Gabapentin is not supported by the guidelines. Therefore, this request IS NOT necessary.