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| <b>Case Number:</b>   | CM15-0107045 |                              |            |
| <b>Date Assigned:</b> | 06/11/2015   | <b>Date of Injury:</b>       | 04/30/2014 |
| <b>Decision Date:</b> | 07/14/2015   | <b>UR Denial Date:</b>       | 05/27/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/03/2015 |

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

### 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 (IW) is a 58 year old female who sustained an industrial injury on 04/30/2014. The mechanism of injury and initial report are not found in the records received. The injured worker was diagnosed as having bilateral carpal tunnel syndrome, anxiety, and panic attacks. Treatment to date has included topical medications and bracing. Currently, the injured worker states she has noticed the carpal tunnel is getting better, but the right hand aches more than the left hand. The right hand has no warmth or erythema, good range of motion, positive Tinel's, equivocal Phalen's. The right hand has weaker grip strength than the left. The left hand has no warmth or erythema and good finger range of motion, there is a positive Tinel's and an equivocal Phalen's with strength intact. The treatment plan included follow up with electromyography and recertify MRI's. Medications were prescribed for the carpal tunnel syndrome, anxiety, and panic attacks. Requests for authorization were made for the following: Retrospective request for Gabapentin 15%, Amitriptyline 4%, Doximethorphan 10% 180gm #1, per 01/20/15 order; and Retrospective request for Capsaicin 0.025%, Flurbiprofen 13%, Gabapentin 10%, Menthol 2%, Camphor 2%, 180gm #1, per 01/20/15 order.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Gabapentin 15%, Amitriptyline 4%, Doximethorphan 10% 180gm #1, per 01/20/15 order: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111 and 113. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/14982566>.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2914598/>.

**Decision rationale:** Retrospective request for Gabapentin 15%, Amitriptyline 4%, Doximethorphan 10% 180gm #1, per 01/20/15 order is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines and an online review of Dextrometorphan. The MTUS states that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. An online review of Dextrometorphan revealed that this medication is a weaker NMDA receptor blockers studied for use in neuropathic pain. The guidelines do not specifically support Amitriptyline, Tramadol, or Dextrometorphan but do state that many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor. 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 guidelines do not support topical Gabapentin. The documentation does not indicate intolerance to oral medications or extenuating circumstances to go against guideline recommendations. The request for this topical cream is not medically necessary.

**Retrospective request for Capsaicin 0.025%, Flurbiprofen 13%, Gabapentin 10%, Menthol 2%, Camphor 2%, 180gm #1, per 01/20/15 order: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111 and 113. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/14982566>.

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

**Decision rationale:** Retrospective request for Capsaicin 0.025%, Flurbiprofen 13%, Gabapentin 10%, Menthol 2%, Camphor 2%, 180gm #1, per 01/20/15 order is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that topical NSAIDs are indicated in osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the

spine, hip or shoulder. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Menthol and Camphor are ingredients in Ben Gay which is a methyl salicylate and supported by the MTUS. The guidelines additionally add that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines state that topical Gabapentin is not recommended as there is no peer-reviewed literature to support use. Additionally, the documentation does not indicate inability to take oral medications. For these reasons the request for this topical analgesic is not medically necessary.