

<b>Case Number:</b>	CM15-0134722		
<b>Date Assigned:</b>	07/23/2015	<b>Date of Injury:</b>	01/06/2014
<b>Decision Date:</b>	08/27/2015	<b>UR Denial Date:</b>	06/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/13/2015

### 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: New York

Certification(s)/Specialty: Anesthesiology

### 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 is a 38 year old female, who sustained an industrial injury on January 6, 2014. The injury occurred as a result of cumulative trauma while performing her regular and customary duties as a fulfillment center associate worker. The injured worker sustained injuries to the lower back and legs. The diagnoses have included lumbar, sprain-strain, lumbar intervertebral disc disorder with myelopathy, unspecified myalgia and myositis and lumbago. Treatment and evaluation to date has included medications, radiological studies, electrodiagnostic studies, Sudoscan, sleep study, MRI, physical therapy, chiropractic treatments and a back support. The injured worker was noted to be temporarily totally disabled. Current documentation dated May 26, 2015 notes that the injured worker reported intermittent sharp and pinching low back pain. The pain was rated a two out of ten on the visual analogue scale. Examination of the lumbar spine revealed a decreased and painful range of motion. A straight leg raise test was positive bilaterally. The treating physician's plan of care included a request for the compound medication: Gabapentin 10%, Amitriptyline 10%, and Bupivacaine 5% in cream base, Flurbiprofen 20%, Baclofen 10% and Dextromethorphan 2% in cream base (unknown dose and quantity).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound medication: Gabapentin 10%, Amitriptyline 10%, Bupivacaine 5% in cream base, Flurbiprofen 20%, Baclofen 10%, Dextromethorphan 2% in cream base (unknown dose and quantity): 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): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Amitriptyline, Low back Lumbar and Thoracic (acute and chronic), Bupivacaine.

**Decision rationale:** According to the California MTUS Guidelines (2009), topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control including, for example, NSAIDs, opioids, capsaicin, muscle relaxants, local anesthetics or antidepressants. Guidelines indicate that any compounded product that contains at least 1 non-recommended drug (or drug class) is not recommended for use. In this case, the topical analgesic compound contains: Gabapentin 10%/ Amitriptyline 10%/ Bupivacaine 5%/ Flurbiprofen 20%/Baclofen 10%/ Dexamethasone 2%. There are no clinical studies to support the safety or effectiveness of Flurbiprofen in a topical delivery system (excluding ophthalmic). Gabapentin is not recommended as a topical agent per CA MTUS Guidelines. There is no peer-reviewed literature to support its use. The MTUS guidelines do not recommend Baclofen in a topical form. There has been no support for the use of the tricyclic antidepressant Amitriptyline, as a topical analgesic. Bupivacaine is an amide local anesthetic, and lidocaine is in the same drug class. The guidelines state that topical lidocaine, only in the form of the Lidoderm patch, is indicated for neuropathic pain. Dexamethasone is a corticosteroid and is not recommended, as it does not have any analgesic effects. Medical necessity for the requested topical analgesic compound has not been established. The requested topical compound is not medically necessary.