

Case Number:	CM15-0142373		
Date Assigned:	08/03/2015	Date of Injury:	09/29/2012
Decision Date:	08/31/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/22/2015

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: Massachusetts

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

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 49 year old male who sustained an industrial injury on 9-29-12 injuring his arms from repetitive lifting. He currently complains of intermittent stabbing neck pain and stiffness radiating into bilateral upper extremities with numbness and tingling with a pain level of 5 out of 10; intermittent moderate sharp low back pain and stiffness that radiates into both legs with numbness and tingling and a pain level of 5 out of 10; intermittent left shoulder pain and stiffness with a pain level of 6 out of 10. On physical exam of the cervical spine there was painful and decreased range of motion with tenderness to palpation of the bilateral trapezii and cervical vertebral muscles, muscle spasm, shoulder and foraminal compression cause pain bilaterally; the lumbar spine had painful and decreased range of motion with tenderness and muscle spasms of the lumbar paravertebral muscles, Kemps and straight leg raise causes pain bilaterally and Laseque is positive bilaterally; left shoulder had decreased and painful range of motion, tenderness and muscle spasm and Speeds causes pain bilaterally. Medications were panproprazole, cyclobenzaprine, tramadol. Diagnoses include cervical radiculopathy; cervical sprain, strain; lumbar disc protrusion; lumbar radiculopathy; left shoulder impingement; shoulder sprain, strain, status post left shoulder surgery (2-2014); depression; loss of sleep; depression; diabetes. Diagnostics include MRI of the cervical spine (12-7-12) showing degenerative stenosis, disc protrusion, spondylosis, arthrosis; MRI of the lumbar spine (12-7-12) showing degenerative stenosis, disc protrusion, spondylosis, facet arthrosis; MRI of the left shoulder (5-10-13) showing osteoarthritis, bursitis and tendinitis; MRI of the cervical spine (3-23-15) showing retrolisthesis, disc bulging; MRI of the lumbar spine (3-23-15) showing mild neuroforaminal narrowing; nerve

conduction studies (11-6-14) were abnormal and consistent with bilateral carpal tunnel syndrome; electromyography of cervical spine and upper extremities (11-6-14) was normal. In the progress note dated 6-18-15 the treating provider's plan of care includes a request for gabapentin 10%, amitriptyline 10%, bupivacaine 5% in cream base 240gm; flurbiprofen 20%, baclofen 5%, dexamethasone 2%, Camphor 2%, Capsaicin 0.025% in cream base 240gm medically necessary to decrease painful inflammation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medication-compound creams-Gabapentin10%-Amitriptyline-10%, Bupivacaine-5%in cream base- 30 gm and 240 gm/Flurbiprofen 20%, Baclofen 5%/Dexamthasone 2%-Menthoal-2%-Camphor-2%-Capsaicin 0.025%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p60 (2) Topical Analgesics, p111-113 Page(s): 60, 111-113.

Decision rationale: The claimant sustained a work injury in September 2012 and continues to be treated for neck, low back, and left shoulder pain with stiffness, numbness, and weakness. When seen, physical examination findings included decreased cervical and lumbar spine range of motion with positive straight leg raising. There was decreased shoulder range of motion with tenderness. The claimant's BMI was over 42. Cyclobenzaprine, tramadol, and pantoprazole were prescribed. Topical compounded cream was requested. Compounded topical preparations of flurbiprofen are used off-label (non-FDA approved) and have not been shown to be superior to commercially available topical medications such as diclofenac. Additionally, another anti-inflammatory medication, dexamethasone, is included. Oral Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Its use as a topical product is not recommended. Many agents are compounded as monotherapy or in combination for pain control such as opioids antidepressants, glutamate receptor antagonists, alpha-adrenergic receptor agonists, adenosine, cannabinoids, cholinergic receptor agonists, GABA agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor. There is little to no research to support the use of many these agents including amitriptyline. Baclofen is a muscle relaxant and there is no evidence for the use of any muscle relaxant as a topical product. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it is not possible to determine whether any derived benefit is due to a particular component. In this case, there are other single component topical treatments that could be considered. Additionally, in this case, two topical anti-inflammatory medications are included in this product which is duplicative. This medication is not medically necessary.