

<b>Case Number:</b>	CM15-0144474		
<b>Date Assigned:</b>	08/05/2015	<b>Date of Injury:</b>	05/03/2014
<b>Decision Date:</b>	08/31/2015	<b>UR Denial Date:</b>	06/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/25/2015

### 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: California, Indiana, New York  
Certification(s)/Specialty: Internal 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 is a 42 year old female who sustained an industrial injury on 05-03-2014. Mechanism of injury was a fall injuring he left shoulder, left elbow, left wrist and hand and left knee. Diagnoses include left shoulder bursitis, left shoulder impingement syndrome, left wrist internal derangement, left wrist sprain-strain, status post left wrist fracture, left knee degenerative joint disease, left knee lateral meniscus tear, and left knee sprain-strain. Treatment to date has included diagnostic studies, medications, physical therapy, cortisone injections, casting, immobilization, functional capacity evaluation, and status post left knee surgery in September of 2014. On 01-22-2015 there is an unofficial report of a Magnetic Resonance Imaging of the of the left shoulder revealed moderate tendinosis-tendinopathy of the supraspinatus tendon, mild narrowing of the subacromial space secondary to the hyper trophic changes with capsular hypertrophy of the acromioclavicular joint, mild to moderate effusion within the axillary recess of the glenohumeral joint, and small effusion within the subacromial-subdeltoid bursa. The left wrist unofficial Magnetic Resonance Imaging done on 01-22-2015 revealed a tiny cyst within the dorsal volar body of the radius and mild ulnar negative variance. A left knee unofficial Magnetic Resonance Imaging done on 01-22-2015 showed a tear of the anterior horn and body of the lateral meniscus, mild degenerative change of the posterior horn of the medial meniscus, mild bone edema consistent with a contusion of the posterior lateral femoral condylar effusion. A physician progress note dated 06-01-2015 documents the injured worker complains of left knee, left shoulder, and left knee pain. It is described as dull, sore, tender, and it is constant. It is rated as 6 out of 10. Her left shoulder range of motion is

restricted. There is tenderness to palpation of the anterior shoulder and lateral shoulder, and there is muscle spasm present. Need's is positive, Hawking's is positive and shoulder apprehension is negative. The left elbow is tender to palpation of the lateral elbow. Her left wrist is tender to palpation of the dorsal wrist and medial wrist. Tinel's is negative. Phalen's is negative and Finkelstein's is negative. Her left knee has healed incisions and there is tenderness to palpation of the anterior knee. McMurray's is positive. She is pending left shoulder arthroscopic subacromial decompression, pending left knee arthroscopic lateral meniscectomy revision due to worsening of mechanical painful condition. Treatment requested is for 1 compound medication HMPHCC2 Flurbiprofen 20%/Baclofen 5%/Camphor 2%/Menthol 2%/Dexamethasone Micro 0.2%/Capsaicin 0.025%/Hyaluronic Acid 0.2% in cream base and 1 compound medication HNPCI Amitriptyline HCL 10%/Gabapentin 10%/Bupivacaine HCL 5%/Hyaluronic Acid 0.2% in cream base.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**1 compound medication HMPHCC2 Flurbiprofen 20%/Baclofen 5%/Camphor 2%/Menthol 2%/Dexamethasone Micro 0.2%/Capsaicin 0.025%/Hyaluronic Acid 0.2% in cream base:** 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, compound medication HMPHCC2 Flurbiprofen 20%, baclofen 5%, camphor 2%, menthol 2%, dexamethasone micro 0.2%, capsaicin 0.025%, hyaluronic acid 0.2% in cream base is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Other than Lidoderm, no other commercially approved topical formulation of lidocaine whether cream, lotions or gels are indicated for neuropathic pain. In this case, the injured worker's working diagnoses are left shoulder bursitis; left shoulder impingement syndrome; lateral left epicondylitis; left wrist internal derangement; left wrist sprain strain; status post left wrist fracture; left knee DJD; left knee lateral meniscus tear; and left knee sprain strain. The date of injury is May 3, 2014. Request for authorization is May 29, 2015. According to a May 29, 2015 progress note, subjectively the injured worker complains of left shoulder, elbow, wrist and knee pain. There is no pain score in the record. Objectively, there is tenderness palpation at the shoulder, elbow wrist and knee. Medications include tramadol ER and pantoprazole. There is no documentation of failed first-line treatment with antidepressants and anticonvulsants. The treatment plan does not indicate the area of application for the topical analgesic. Flurbiprofen is not FDA approved for topical use. Baclofen is not recommended. Any

compounded product that contains at least one drug (Flurbiprofen and baclofen) that is not recommended is not recommended. Consequently, compound medication HMPHCC2 Flurbiprofen 20%, baclofen 5%, camphor 2%, menthol 2%, dexamethasone micro 0.2%, capsaicin 0.025%, hyaluronic acid 0.2% in cream base is not recommended. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, compound medication HMPHCC2 Flurbiprofen 20%, baclofen 5%, camphor 2%, menthol 2%, dexamethasone micro 0.2%, capsaicin 0.025%, hyaluronic acid 0.2% in cream base is not medically necessary.

**1 compound medication HNPCI Amitriptyline HCL 10%/Gabapentin 10%/Bupivacaine HCL 5%/Hyaluronic Acid 0.2% in cream base: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, compound HNPCI amitriptyline HCL 10%, gabapentin 10%, Bupivacaine 5%, hyaluronic acid 0.2% in cream base is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Other than Lidoderm, no other commercially approved topical formulation of lidocaine whether cream, lotions or gels are indicated for neuropathic pain. In this case, the injured worker's working diagnoses are left shoulder bursitis; left shoulder impingement syndrome; lateral left epicondylitis; left wrist internal derangement; left wrist sprain strain; status post left wrist fracture; left knee DJD; left knee lateral meniscus tear; and left knee sprain strain. The date of injury is May 3, 2014. Request for authorization is May 29, 2015. According to a May 29, 2015 progress note, subjectively the injured worker complains of left shoulder, elbow, wrist and knee pain. There is no pain score in the record. Objectively, there is tenderness palpation at the shoulder, elbow wrist and knee. Medications include tramadol ER and pantoprazole. There is no documentation of failed first-line treatment with antidepressants and anticonvulsants. Topical Attendant is not recommended. Any compounded product that contains at least one drug (topical gabapentin) that is not recommended is not recommended. Consequently, compound HNPCI 1 amitriptyline HCL 10%, gabapentin 10%, Bupivacaine 5%, hyaluronic acid 0.2% in cream base is not recommended. Based on the clinical information and medical record and the peer-reviewed evidence-based guidelines, compound HNPCI 1 amitriptyline HCL 10%, gabapentin 10%, Bupivacaine 5%, hyaluronic acid 0.2% in cream base is not medically necessary.