

Case Number:	CM15-0147032		
Date Assigned:	08/07/2015	Date of Injury:	02/16/2015
Decision Date:	09/09/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	07/28/2015

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

Certification(s)/Specialty: Preventive Medicine, Occupational 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 48 year old female, who sustained an industrial injury on 2-16-15 Initial complaints were of her neck, right shoulder, right hand, low back and right leg. The injured worker was diagnosed as having cervical myospasm; cervical spine sprain-strain; lumbar myospasm; lumbar spine sprain-strain; right shoulder bursitis; right shoulder impingement syndrome; right shoulder sprain-strain; right hand tenosynovitis; right carpal tunnel syndrome. Treatment to date has included physical therapy; acupuncture; medications. Diagnostics studies included X-rays thoracic, lumbar spine, skull and right wrist-hand -all normal (2-16-15); CT scan of the head -normal (2-226-15); EMG/NCV study upper extremities (6-25-15). Currently, the PR-2 notes dated 7-9-15 indicated the injured worker complains of continuous neck burning sensation pain radiating into the upper extremity. The pain increases with turning the head from side-to-side, flexing and extending the head and neck, reaching or lifting and with prolonged sitting and standing. The pain levels are reported as 7 out of 10. She complains of lumbar spine intermittent low back pain with pain radiating into the right lower extremity. The pain is accomplished with tingling sensation and increases with prolonged standing, twisting, walking, lifting, bending, stooping and squatting. He reports his pain level as 6 out of 10. She complains of continuous right shoulder pain and states that rotation, torqueing motions, reaching overhead, lifting, carrying, pushing and pulling exacerbates the shoulder pain. She reports his pain level for the right shoulder to be 6 out of 10. The right hand has continuous pain that is aggravated with repetitive flexion, grasping, gripping, pushing, pulling and when opening jars and bottles. She complains of weakness and rates her pain at 7 out of 10. On physical examination, the provider

documents tenderness to palpation of the cervical paravertebral muscles with muscle spasm. Spurling's test is positive on the right. There is tenderness to palpation of the palmar aspect of the right hand, the carpal compression and Phalen's test are positive, and Finkelstein's is negative. The provider documents the injured worker is to bring her MRI on the next visit. He reviewed an EMG/NCV study of the bilateral upper extremities done on 6-25-15. The report impression states abnormal study. There is electrophysiological evidence suggestive of a very early or very mild bilateral median sensory nerve neuropathy consistent with a very early or very mild bilateral carpal tunnel syndrome. He has requested additional acupuncture for the cervical, lumbar and right shoulder regions. The provider is requesting authorization of a 30 day supply of compound cream (flurbiprofen 20%, baclofen 5%, camphor 2%, menthol 2%, dexamethasone micro 0.2%, capsaicin 0.025%, hyaluronic acid 0.2% in cream base) 240 grams and 30 day supply of compound cream (amitriptyline hcl 10%, gabapentin 10%, bupivacaine hcl 5%, hyaluronic acid 0.2% in cream base) 240 grams.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 day supply of compound cream (flurbiprofen 20%, baclofen 5%, camphor 2%, menthol 2%, dexamethasone micro 0.2%, capsaicin 0.025%, hyaluronic acid 0.2% in cream base) 240 grams: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin Section, Topical Analgesics Section, NSAIDs Section Page(s): 28, 67-73, 111-113.

Decision rationale: The MTUS Guidelines recommend the use of topical analgesics as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Topical NSAIDs, have been shown to be superior to placebo for 4-12 weeks for osteoarthritis of the knee. The injured worker's pain is not described as pain from osteoarthritis. Topical flurbiprofen is not an FDA approved formulation. The MTUS Guidelines state that there is no evidence for use of muscle relaxants, such as Baclofen, as a topical product. Topical capsaicin is recommended by the MTUS Guidelines only as an option in patients who have not responded or are intolerant to other treatments. There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain. Capsaicin is generally available as a 0.025% formulation as a treatment for osteoarthritis and a 0.075% formulation primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain. There are no studies of a 0.0375% formulation, and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. Menthol is not addressed by the MTUS Guidelines, but it is often included in formulations of anesthetic agents. It induces tingling and cooling sensations when applied topically. Menthol induces analgesia through calcium channel-blocking actions, as well as binding to kappa-opioid receptors.

Menthol is also an effective topical permeation enhancer for water-soluble drugs. There are reports of negative effects from high doses of menthol such as 40% preparations. Camphor is not addressed by the MTUS Guidelines or the ODG, but it is often included in formulations of anesthetic agents. It is used topically to relieve pain and reduce itching. It is used topically to increase local blood flow and as a "counterirritant" which reduces pain and swelling by causing irritation. As at least one of the medications in the requested compounded medication is not recommended by the established guidelines, the request for 30 day supply of compound cream (flurbiprofen 20%, baclofen 5%, camphor 2%, menthol 2%, dexamethasone mirco 0.2%, capsaicin 0.025%, hyaluronic acid 0.2% in cream base) 240 grams is determined to not be medically necessary.

30 day supply of compound cream (amitriptyline hcl 10%, gabapentin 10%, bupivacaine hcl 5%, hyaluronic acid 0.2% in cream base) 240 grams: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Topical Analgesics.

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

Decision rationale: The MTUS Guidelines recommend the use of topical analgesics as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Amitriptyline is a tricyclic antidepressant that shares some properties of muscle relaxants. The MTUS Guidelines and ODG do not address the use of amitriptyline or other antidepressants as topical agents for pain; however, the MTUS Guidelines specifically reports that there is no evidence to support the use of topical formulations of muscle relaxants. The MTUS Guidelines do not recommend the use of topical gabapentin, as there is no peer-reviewed literature to support use. There is no evidence-based guideline in support of the use of topical hyaluronic acid for pain management. As at least one of the medications in the requested compounded medication is not supported by the established guidelines, the request for 30 day supply of compound cream (amitriptyline hcl 10%, gabapentin 10%, bupivacaine hcl 5%, hyaluronic acid 0.2% in cream base) 240 grams is determined to not be medically necessary.