

<b>Case Number:</b>	CM15-0161236		
<b>Date Assigned:</b>	08/28/2015	<b>Date of Injury:</b>	11/25/2014
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	08/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2015

### 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: Physical Medicine & Rehabilitation

### 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 33-year-old male, who sustained an industrial injury on 11-25-2014. The injured worker is currently able to work with modifications. Current diagnoses include status post 3rd degree burn of the right hand with residual pain. Treatment and diagnostics to date has included right hand MRI dated 05-05-2015 which showed tenosynovitis, joint effusions, and fluid within the carpal tunnel posterior to the flexor tendons and use of medications. In a progress note dated 07-15-2015, the injured worker reported right hand pain rated 6 out of 10 on the pain scale. Objective findings included 3rd degree burns and deep scarring noted in the right hand. The treating physician reported requesting authorization for Cyclobenzaprine-Gabapentin-Amitriptyline cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 2%, Gabapentin 15%, Amitriptyline 10% 180gm: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** Based on the 7/15/15 progress report provided by the treating physician, this patient presents with constant, moderate to severe right hand pain rated 6/10 on VAS scale with numbness/tingling/weakness of the hand and fingers. The treater has asked for Cyclobenzaprine 2%, Gabapentin 15%, Amitriptyline 10% 180gm but the requesting progress report is not included in the provided documentation. The request for authorization was not included in provided reports. The patient's hand pain is aggravated by gripping, grasping, reaching, pulling, and lifting per 7/15/15 report. The patient states that the symptoms persisted but the medications do offer temporary relief of pain and improve his ability to have restful sleep per 7/15/15 report. The patient is s/p 3rd degree burn of the right hand with residual pain per 6/3/15 report. The patient states that activity restrictions also alleviate pain per 4/8/15 report. The patient's work status is not included in the provided documentation. MTUS, Topical Analgesics Section, p 111: Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off- label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. MTUS, Topical Analgesics section, pg. 113: Baclofen: Not recommended. There is currently one Phase III study of Baclofen-Amitriptyline- Ketamine gel in cancer patients for treatment of chemotherapy-induced peripheral neuropathy. There is no peer-reviewed literature to support the use of topical baclofen. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product. Gabapentin: Not recommended. There is no peer-reviewed literature to support use. Other antiepilepsy drugs: There is no evidence for use of any other antiepilepsy drug as a topical product. Treater does not specifically discuss this medication. It is not known if patient is currently using this compounded cream, nor when it was initiated. However, in the treatment plan for the 6/3/15 report, the treater includes Cyclobenzaprine cream 5%. MTUS page 111 states that if one of the compounded topical product is not recommended, then the entire product is not. In this case, the requested topical compound contains Cyclobenzaprine, Baclofen, and Amitriptyline, an anti-depressant, none of which are supported for topical use by MTUS. Therefore, the request is not medically necessary.