

<b>Case Number:</b>	CM15-0166716		
<b>Date Assigned:</b>	09/04/2015	<b>Date of Injury:</b>	12/07/2011
<b>Decision Date:</b>	10/09/2015	<b>UR Denial Date:</b>	08/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2015

### 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, Hawaii

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 39 year old male who sustained an industrial injury on 12-7-11. The mechanism of injury was unclear. He currently complains of frequent, achy neck pain; mild upper, mid back pain; mild low back pain; constant mild left and right wrist pain. On physical exam of the cervical spine there was tenderness to palpation with muscle spasms and positive Spurling's; thoracic spine revealed tenderness to palpation with spasms; lumbar exam revealed tenderness to palpation, spasms and with decreased range of motion; right and left wrist exam revealed bilateral tenderness to palpation, positive Tinel's and Phalen's on the right and positive carpal compression bilaterally. Diagnoses include cervical radiculopathy; cervical sprain, strain; thoracic sprain, strain; lumbar myofascitis; lumbar strain, sprain; right carpal tunnel sprain, strain; right wrist tenosynovitis; left carpal tunnel syndrome; left wrist sprain, strain. Treatments to date include physical therapy; medications with benefit. In the progress note dated 6-16-15 the treating provider's plan of care included requests for flurbiprofen 20%, baclofen 5%, camphor 2%, menthol 2%, dexamethasone micro 0.2%, capsaicin 0.025%, hyaluronic acid 0.2% in cream base for general joint and musculoskeletal pain; amitriptyline HCL 10%, gabapentin 10%, bupivacaine HCL 5%, hyaluronic acid 0.2% in cream base for neuropathic pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen 20% Baclofen 5% Camphor 2% Menthol 2% Capsaicin 0/025% Hyaluronic Acid 0.2% 240 grams in cream base: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation ODG.

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

**Decision rationale:** The patient presents with neck, upper/mid/low back, and bilateral wrist pain. The current request is for Flurbiprofen 20%, Baclofen 5%, Camphor 2%, Capsaicin 0.025%, Hyaluronic Acid 0.2% 240 g in cream base. The treating physician's report dated 06/16/2015 (133B) states, "Topical medications were prescribed in order to minimize possible neurovascular complications; and to avoid complications associated with the use of narcotic medications, as well as upper GI bleeding from the use of NSAIDs medications." The MTUS guidelines page 111 on topical analgesics states that it is largely experimental in use with few randomized controlled trials to determine efficacy or safety. It is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. MTUS further states, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Medical records show that the patient has not tried this compound cream in past. However, Baclofen is not supported in topical formulation. The current request is not medically necessary.

**Amitriptyline Hydrochloride (HCL) 10%, Gabapentin 10%, Bupivacaine HCL 5% and Hyaluronic acid 0.2% 240 grams in cream base:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation ODG.

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

**Decision rationale:** The patient presents with neck, upper/mid/low back, and bilateral wrist pain. The current request is for Amitriptyline Hydrochloride (HCL) 10%, Gabapentin 10%, Bupivacaine HCL 5% and Hyaluronic Acid 0.2% in cream base. The treating physician's report dated 06/16/2015 states, "Topical medications were prescribed in order to minimize possible neurovascular complications; and to avoid complications associated with the use of narcotic medications, as well as upper GI bleeding from the use of NSAIDs medications." The MTUS guidelines page 111 on topical analgesics states that it is largely experimental in use with few randomized controlled trials to determine efficacy or safety. It is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. MTUS further states, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Medical records show that the patient has not tried this compound cream in past. However, Gabapentin is not supported in topical formulation. The current request is not medically necessary.