

<b>Case Number:</b>	CM15-0166782		
<b>Date Assigned:</b>	09/04/2015	<b>Date of Injury:</b>	05/03/2015
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	07/31/2015
<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

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 51 year old female who sustained an industrial injury on 05-03-15. Initial complaints include right shoulder and neck pain. Initial diagnoses are not available. Treatments to date include medications and physical therapy. Diagnostic studies include MRI of the cervical spine as well as x-rays. Current complaints include headaches and right shoulder pain. Current diagnoses include posttraumatic headaches, right shoulder adhesive tendinitis, bursitis, impingement syndrome, and sprain-strain. In a progress note dated 06-24-15 the treating provider reports the plan of care as a urine drug screen, a MRI of the right shoulder, physical therapy, and topical medications including sumatriptan-tramadol-dicofenac-apomorphine-cyclobenzaprine-promethazine-tizanidine-lidocaine-prilidocaine, Flurbiprofen-baclofen-camphor-menthol0dexamethasone-capsaicin-hyaluronic acid, and amitriptyline-gabapentin-bupivacaine-hyaluronic acid. The requested treatments include Flurbiprofen-baclofen-camphor-menthol-dexamethasone-capsaicin-hyaluronic acid, and amitriptyline-gabapentin-bupivacaine-hyaluronic acid.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg #60:** 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): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

**Decision rationale:** Based on the 06/24/15 progress report provided by treating physician, the patient presents with right shoulder pain rated 7-10/10 and headaches. The request is for Norco 10/325 MG #60. RFA with the request not provided. Patient's diagnosis on 06/24/15 includes right shoulder bursitis, right shoulder adhesive capsulitis, right shoulder impingement syndrome, right shoulder sprain/strain, and post-traumatic headache. Physical examination to the right shoulder on 06/24/15 revealed tenderness to palpation anteriorly, muscle spasm posteriorly and decreased range of motion, positive Neer's and Hawkin's tests. Treatment to date has included physical therapy, imaging studies, and medications. Patient's medications include Tramadol, Cyclobenzaprine, Namumetone and topical creams. The patient is not working and remains temporarily totally disabled, per 06/24/15 report. MTUS Guidelines page 76 to 78, under the Criteria for initiating opioids, recommend that reasonable alternatives have been tried, concerning the patient's likelihood of improvement, likelihood of abuse, etc. MTUS goes on to state that baseline pain and functional assessment should be provided. Once the criteria have been met, a new course of opioids maybe tried at this time MTUS states that "Functional assessment should be made before initiating a new opioid. Function should include social, physical, psychological, daily and work activities." The patient has been prescribed Tramadol in prior progress reports. Norco was prescribed in progress report dated 06/24/15. This appears to be the initial prescription of Norco. In this case, recommendation for initiating a new opioid cannot be supported as there is no functional and baseline pain assessment. There are no before and after measures addressing analgesia, and how previously prescribed medications have been making a difference for patient, in regards to decrease in pain and increase in function. MTUS states that "functional assessments should be made. Function should include social, physical, psychological, daily and work activities." Given the lack of documentation as required by guidelines, the request is not medically necessary.

**30 day supply of Compound Medication (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 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 06/24/15 progress report provided by treating physician, the patient presents with right shoulder pain rated 7-10/10 and headaches. The request is for 30-day supply of compound medication (Flurbiprofen 20%, Baclofen 5%, Camphor 2%, Menthol 2%, Dexamethasone micro 0.2%, Capsaicin 0.025%, Hyaluronic acid 0.2% in cream base) 240 grams. RFA with the request not provided. Patient's diagnosis on 06/24/15 includes right shoulder bursitis, right shoulder adhesive capsulitis, right shoulder impingement syndrome, right shoulder sprain/strain, and post-traumatic headache. Physical examination to the right shoulder on 06/24/15 revealed tenderness to palpation anteriorly,

muscle spasm posteriorly and decreased range of motion, positive Neer's and Hawkin's tests. Treatment to date has included physical therapy, imaging studies, and medications. Patient's medications include Tramadol, Cyclobenzaprine, Namumetone and topical creams. The patient is not working and remains temporarily totally disabled, per 06/24/15 report. MTUS Guidelines, pa 111, Topical Analgesic section has the following: "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. MTUS further states, "Non FDA-approved agents: Ketoprofen: This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photo contact dermatitis. The FDA for neuropathic pain has designated topical lidocaine, in the formulation of a dermal patch (Lidoderm) for orphan status. 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. Gabapentin: Not recommended. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." Per 06/24/15 report, treater has provided citations pertaining to the ingredients of the requested topical. RFA not provided. This appears to be the initial prescription of this topical cream. In this case, no medical rationale was provided, nor discussion of where this topical will be applied. Nonetheless, this topical contains Hyaluronic acid, which is not discussed in any of the guidelines for topical use, and Baclofen, which is not supported by the guidelines for topical use, either. MTUS pg 111 states that if one of the ingredients is not indicated, then the entire compounded product is not. This request is not in accordance with guidelines. Therefore, the request is not medically necessary.

**30 day supply of compound medication (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 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 06/24/15 progress report provided by treating physician, the patient presents with right shoulder pain rated 7-10/10 and headaches. The request is for 30 day supply of compound medication (Amitriptyline HCL 10%, Gabapentin 10%, Bupivacaine HCL 5%, Hyaluronic acid 0.2% in cream base) 240 grams. RFA with the request not provided. Patient's diagnosis on 06/24/15 includes right shoulder bursitis, right shoulder adhesive capsulitis, right shoulder impingement syndrome, right shoulder sprain/strain, and post-traumatic headache. Physical examination to the right shoulder on 06/24/15 revealed tenderness to palpation anteriorly, muscle spasm posteriorly and decreased range of motion, positive Neer's and Hawkin's tests. Treatment to date has included physical therapy, imaging studies, and medications. Patient's medications include Tramadol, Cyclobenzaprine, Namumetone and

topical creams. The patient is not working and remains temporarily totally disabled, per 06/24/15 report. MTUS Guidelines, pa 111, Topical Analgesic section has the following: "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. MTUS further states, "Non FDA-approved agents: Ketoprofen: This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photo contact dermatitis. The FDA for neuropathic pain has designated topical lidocaine, in the formulation of a dermal patch (Lidoderm) for orphan status. 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. Gabapentin: Not recommended. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." Per 06/24/15 report, treater has provided citations pertaining to the ingredients of the requested topical. RFA not provided. This appears to be the initial prescription of this topical cream. In this case, no medical rationale was provided, nor discussion of where this topical will be applied. Nonetheless, this topical contains Hyaluronic acid and anti-depressant Amitriptyline, which are not discussed in any of the guidelines for topical use. It also contains Baclofen, which is not supported by the guidelines for topical use, either. MTUS pg 111 states that if one of the ingredients is not indicated, then the entire compounded product is not. This request is not in accordance with guidelines. Therefore, the request is not medically necessary.