

<b>Case Number:</b>	CM15-0168265		
<b>Date Assigned:</b>	09/08/2015	<b>Date of Injury:</b>	04/24/2014
<b>Decision Date:</b>	10/23/2015	<b>UR Denial Date:</b>	07/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2015

### 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: New York, California

Certification(s)/Specialty: Emergency 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, with a reported date of injury of 04-24-2014. The mechanism of injury was the result of walking up sets of stairs. The injured worker's symptoms at the time of the injury included sharp and throbbing pain in the right knee and leg. There was also documentation that the result of the injury also included repetitive motion, which the injured worker felt pain in the right shoulder, arm, forearm, elbow, wrist, and hand. The diagnoses include right rotator cuff tear, right shoulder internal derangement, right shoulder pain, right shoulder sprain and strain, rule out right shoulder internal derangement, right carpal tunnel syndrome, right de Quervain's disease, right wrist internal derangement, right wrist pain, right wrist sprain and strain, and right wrist partial thickness tear at ulnar attachments. Treatments and evaluation to date have included physical therapy, aquatic therapy, and oral medications, including Diclofenac Sodium for pain and inflammation, and Tramadol for chronic pain. The diagnostic studies to date have included a urine drug screen on 07-16-2015 with consistent results; an x-ray of the right shoulder on 05-18-2015 which showed acromioclavicular osteoarthritis; electrodiagnostic studies on 02-16-2015; and an MRI of the right knee on 01-14-2015 which showed quadriceps and patellar tendinosis and medial tibiofemoral chondromalacia and osteoarthritis. The progress report dated 07-16-2015 indicates that the injured worker complained of moderate right shoulder pain, stiffness, heaviness, numbness, weakness, and cramping. The pain was rated 7 out of 10. The pain and pain rating was described as the same during the visit on 07-10-2015. The objective findings included no bruising, swelling, atrophy, or lesion present at the right shoulder. The objective findings found on 07-10-2015 include

decreased motor of the right knee; decreased and painful range of motion of the right knee; tenderness to palpation of the anterior knee, lateral knee, and medial knee; and positive right McMurray's sign. The treating physician gave a prescription for compounded topical pain medications to be applied 2-3 times a day. The site of the application was not indicated. On 07-06-2015, the injured worker was instructed to remain off work until 08-20-2015. The dates of the request for authorization were 01-08-2015 and 03-12-2015. On 08-06-2015, the Utilization Review non-certified the request for Flurbiprofen 20%-Baclofen 5%-Dexamethasone 2%-Menthol 2%-Camphor 2%-Capsaicin 0.025% 240 grams; Amitriptyline 10%-Gabapentin 10%-Bupivacaine 5%-Hyaluronic Acid 0.2% 240 grams; retrospective Flurbiprofen 20%-Baclofen 5%-Dexamethasone 2%-Menthol 2%-Camphor 2%-Capsaicin 0.025% 30 grams; and retrospective Amitriptyline 10%-Gabapentin 10%-Bupivacaine 5%-Hyaluronic Acid 0.2% 30 grams. The requests were not certified due to no documentation of a significant change in the visual analog score (VAS) or functional improvement with the continued use of the requested medications, and the lack of evidence for the use of any other muscle relaxant as a topical product.

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

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

**Flurbiprofen 20%/ Baclofen 5%/ Dexamthasone 2%/ Menthol 2%/ Camphor 2%/ Capsaicin 0.025%, 240 grams: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** CA MTUS chronic pain guidelines, topical analgesics are "largely experimental in use with few randomized controlled trials to determine efficacy or safety." Guidelines also state, "Many agents are compounded as monotherapy or in combination for pain control... There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug that is not recommended is not recommended." One of the included compounds in the requested medication is Baclofen. MTUS guidelines states that baclofen is not recommended, as there is no peer-reviewed literature to support its use. Additionally, the request does not include dosing frequency or duration. The request is not medically necessary.

**Retrospective review of Flurbiprofen 20%/ Baclofen 5%/ Dexamthasone 2%/ Menthol 2%/ Camphor 2%/ Capsaicin 0.025%, 30 grams/ 72 hours supply: 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:** CA MTUS chronic pain guidelines, topical analgesics are "largely experimental in use with few randomized controlled trials to determine efficacy or safety." Guidelines also state, "Many agents are compounded as monotherapy or in combination for pain control... There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug that is not recommended is not recommended." One of the included compounds in the requested medication is Baclofen. MTUS guidelines states that baclofen is not recommended, as there is no peer-reviewed literature to support its use. Additionally, the request does not include dosing frequency or duration. The request is not medically necessary.

**Amitriptyline 10%/ Gabapentin 10%/ Bupivacaine 5%/ Hyaluronic Acid 0.2% 240 grams:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** CA MTUS chronic pain guidelines, topical analgesics are "largely experimental in use with few randomized controlled trials to determine efficacy or safety." Guidelines also state, "Many agents are compounded as monotherapy or in combination for pain control... There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug that is not recommended is not recommended." One of the included compounds in the requested medication is gabapentin. MTUS guidelines states that gabapentin is not recommended, as there is no peer-reviewed literature to support its use. Additionally, the request does not include dosing frequency or duration. The request is not medically necessary.

**Retrospective review of Amitriptyline 10%/ Gabapentin 10%/ Bupivacaine 5%/ Hyaluronic Acid 0.2% 30 grams/ 72 hour supply:** 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:** CA MTUS chronic pain guidelines, topical analgesics are "largely experimental in use with few randomized controlled trials to determine efficacy or safety." Guidelines also state, "Many agents are compounded as monotherapy or in combination for pain control... There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug that is not recommended is not recommended." One of the included compounds in the requested medication is gabapentin. MTUS guidelines states that gabapentin is not recommended, as there is no peer-reviewed literature to support its use. Additionally, the request does not include dosing frequency or duration. The request is not medically necessary.