

<b>Case Number:</b>	CM15-0168543		
<b>Date Assigned:</b>	09/03/2015	<b>Date of Injury:</b>	04/23/2015
<b>Decision Date:</b>	10/06/2015	<b>UR Denial Date:</b>	08/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2015

### 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, North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 male, who sustained an industrial-work injury on 4-21-15. He reported initial complaints of neck, low back pain and shoulder pain. The injured worker was diagnosed as having cervical spine musculoligamentous sprain-strain, lumbago, lumbar spine musculoligamentous sprain-strain, left shoulder arthralgia, and psych component. Treatment to date has included medication, physical therapy, and diagnostics, interferential unit, and hot and cold packs. Currently, the injured worker complains of low back pain, left elbow pain, upper back pain, and left thumb pain. There was also sleep disorder, anxiety, depression, nervousness, stress, and tension. Per the primary physician's progress report (PR-2) on 7-29-15, exam revealed tenderness in the cervical spine and trapezius muscle, normal reflexes, lumbar tenderness, tenderness at the bicipital groove and shoulder joint. There was left thumb joint pain with numbness, tingling, and sharp sensation. The requested treatment included Gabapentin 15%, Amitriptyline 4%, Dextromethorphan (illegible) %, 180gm and Cyclobenzaprine 5%, Flurbiprofen 20%, Hyaluronic Acid 0.1% 180gm.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 15%, Amitriptyline 4%, Dextromethorphan (illegible) %, 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:** CA MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. They are primarily recommended for neuropathic pain when first-line agents such as antidepressants and anticonvulsants have failed. There is little to no research to support many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, the request is for a compounded product that contains Gabapentin, Amitriptyline and Dextromethorphan. None of these agents are recommended for topical use; therefore the request is not medically necessary or appropriate.

**Cyclobenzaprine 5%, Flurbiprofen 20%, Hyaluronic Acid 0.1% 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:** CA MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. They are primarily recommended for neuropathic pain when first-line agents such as antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case the request is for a compounded product containing Cyclobenzaprine, a muscle relaxant, Flurbiprofen, an NSAID, and hyaluronic acid. Cyclobenzaprine is specifically not recommended. In the case of Flurbiprofen, there is no documented failure or contraindication to an oral NSAID, so it is not recommended in a topical form. Hyaluronic acid is not approved as a topical analgesic. Therefore the request is not medically necessary or appropriate.