

<b>Case Number:</b>	CM15-0180341		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	01/12/2012
<b>Decision Date:</b>	11/02/2015	<b>UR Denial Date:</b>	09/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/14/2015

### 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: Texas, California

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 42 year old female who sustained an industrial injury on 01-12-2012. The injured worker was diagnosed with right carpal tunnel syndrome; right De Quervain's, right wrist tenosynovitis and right plantar fasciitis. According to the treating physician's progress report on September 1, 2015, the injured worker continues to experience right wrist and hand pain associated with numbness, tingling, weakness and loss of grip and right foot pain. The injured worker rated her wrist pain at 7 out of 10 on the pain scale and her foot pain at 8 out of 10. The injured worker use a walking boot and has an antalgic gait with a mild limp Examination of the right wrist demonstrated tenderness to palpation of the lateral and volar wrist with positive Phalen's, carpal compression and Finklestein's tests. There was full range of motion in all planes. The right foot examination noted full range of motion with tenderness to palpation of the calcaneus dome and muscle spasm of the hind foot with a negative Tinel's. Prior treatments included diagnostic testing, physical therapy, ultrasound, cortisone injections to the right foot and right hand, hand and foot braces, walking boot and medications. According to the progress report dated 08-17-2015, the current medications were Norco, Cymbalta and Gabapentin. Treatment plan consists of podiatry consultation, bilateral upper extremity Electromyography (EMG) and Nerve Conduction Velocity (NCV) studies and on 09-01-2015 the provider requested authorization for HMPHCC2 (Flurbiprofen 20%-Baclofen 5%-Camphor 2%-Menthol 2%-Dexamethasone Micro 0.2%-Capsaicin 0.025%-Hyaluronic Acid 0.2% in cream base), HNPC1 (Amitriptyline HCL 10%-Gabapentin 10%- Bupivacaine HCL 5%- Hyaluronic Acid 0.2% in cream base) to the right wrist and foot to minimize neurovascular complications,

avoid gastrointestinal (GI) bleeding with the use of oral non-steroidal anti-inflammatory drugs (NSAIDs) and avoid complications associated with narcotic use and extracorporeal shockwave therapy times 3 for the right wrist. On 09/09/2015 the Utilization Review determined the request for HMPHCC2 (Flurbiprofen 20%-Baclofen 5%-Camphor 2%- Menthol 2%-Dexamethasone Micro 0.2%-Capsaicin 0.025%-Hyaluronic Acid 0.2% in cream base), HNPC1 (Amitriptyline HCL 10%-Gabapentin 10%- Bupivacaine HCL 5%-Hyaluronic Acid 0.2% in cream base) and extracorporeal shockwave therapy times 3 for the right wrist was not medically necessary. Patient had received cervical ESI and lumbar rhizotomy. The patient had received an unspecified number of chiropractic, acupuncture and PT visits for this injury. A recent detailed clinical examination of the gastrointestinal tract was not specified in the records provided.

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

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

**HMPHCC2 (Flurbiprofen 20%/ Baclofen 5%/ Camphor 2%/ Menthol 2%/ Dexamethasone Micro 0.2%/ Capsaicin 0.025%/ Hyaluronic Acid 0.2% in cream base): 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:** Request: HMPHCC2 (Flurbiprofen 20%/ Baclofen 5%/ Camphor 2%/ Menthol 2%/ Dexamethasone Micro 0.2%/ Capsaicin 0.025%/ Hyaluronic Acid 0.2% in cream base). According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed". There is little to no research to support the use of many of these agents. "There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use. 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". Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Non-neuropathic pain: "MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Intolerance or contraindication to oral medications was not specified in the records provided. The medication list contains Gabapentin. The detailed response of the gabapentin for this injury was not specified in the records provided. Evidence of diminished effectiveness of medications was not specified in the records provided. Flurbiprofen is NSAID." Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended 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. Baclofen is a muscle relaxant. Per the cited guidelines, "Other

muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." There is also no evidence that menthol is recommended by the CA, MTUS, Chronic pain treatment guidelines. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The topical Flurbiprofen, Menthol, Capsaicin and Baclofen are not recommended by MTUS. The medical necessity of the medication HMPHCC2 (Flurbiprofen 20%/ Baclofen 5%/ Camphor 2%/ Menthol 2%/ Dexamethasone Micro 0.2%/ Capsaicin is not fully established in this patient.

**HNPC1 (Amitriptyline HCL 10%/ Gabapentin 10%/ Bupivacaine HCL 5%/ Hyaluronic Acid 0.2% in cream base): 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:** HNPC1 (Amitriptyline HCL 10%/ Gabapentin 10%/ Bupivacaine HCL 5%/ Hyaluronic Acid 0.2% in cream base. According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of 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. Gabapentin: Not recommended. There is no peer-reviewed literature to support use. Ketamine: Under study: Only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. The medication list contains Gabapentin. The detailed response of the gabapentin for this injury was not specified in the records provided. Intolerance or contraindication to oral medications was not specified in the records provided. As per cited guidelines for topical gabapentin, "Gabapentin: Not recommended. There is no peer-reviewed literature to support use." Topical Gabapentin is not recommended in this patient for this diagnosis as cited. Amitriptyline is an antidepressant. Per the cited guidelines, Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants. "There is little to no research to support the use of many of these agents." Therefore topical amitriptyline is not recommended by the cited guidelines. Per the cited guidelines, "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Topical Gabapentin and amitriptyline are not recommended in this patient for this diagnosis as cited. The medical necessity of the request for HNPC1 (Amitriptyline HCL 10%/ Gabapentin 10%/ Bupivacaine HCL 5%/ Hyaluronic Acid 0.2% in cream base is not fully established in this patient.

**Extracorporeal Shockwave Therapy x 3 visits for right wrist: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Wang C J. Extracorporeal shockwave therapy in musculoskeletal disorders. Journal of Orthopaedic Surgery and Research.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow (updated 06/23/15) Extracorporeal shockwave therapy (ESWT) Shoulder (updated 09/08/15) Extracorporeal shock wave therapy (ESWT).

**Decision rationale:** ACOEM and CA-MTUS guidelines do not address shock wave therapy. Per the cited guidelines, extracorporeal shockwave treatment is "Not recommended. High energy ESWT is not supported, but low energy ESWT may show better outcomes without the need for anesthesia, but is still not recommended. Trials in this area have yielded conflicting results..." Per the cited guidelines, extracorporeal shockwave treatment is "Recommended for calcifying tendinitis but not for other disorders". As per cited guideline extracorporeal shockwave treatment is not recommended. Per the cited guidelines there was no high grade scientific evidence to support the use of extracorporeal shockwave treatment for this diagnosis. Patient has received an unspecified number of PT visits for this injury. The response to prior conservative treatments including physical therapy or chiropractic therapy was not specified in the records provided. The notes from the previous conservative treatments sessions were not specified in the records provided. The medical necessity of the request for Extracorporeal Shockwave Therapy x 3 visits for right wrist is not fully established in this patient.