

<b>Case Number:</b>	CM15-0180974		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	03/09/2013
<b>Decision Date:</b>	10/27/2015	<b>UR Denial Date:</b>	09/01/2015
<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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 36 year old male, who sustained an industrial injury on 3-9-2013. The medical records indicate that the injured worker is undergoing treatment for status post left shoulder arthroscopy, tendinopathy-calcific tendinitis, left shoulder impingement, cervical myofascial pain, rule out lumbar intradiscal component, and rule out lumbar radiculopathy. According to the progress report dated 7-30-2015, the injured worker presented with complaints of worsening left shoulder pain (7 out of 10) with decline in range of motion, low back pain with increasing left lower extremity symptoms (8 out of 10), and cervical pain (6 out of 10). The physical examination of the left shoulder reveals tenderness, swelling, atrophy of the deltoid musculature, and reduced range of motion. Examination of the cervical spine reveals restricted range of motion. Examination of the lumbar spine reveals spasms in the paraspinal musculature, diminished sensation in the left L5 and S1 dermatomal distributions, and limited range of motion. The current medications are Hydrocodone and Cyclobenzaprine. Previous diagnostic studies include x-rays, MRI, and electrodiagnostic testing. Treatments to date include medication management, physical therapy, home exercises, injection, and surgical intervention. Work status is described as temporarily partially disabled. The original utilization review (9-1-2015) had non-certified a request for compound medication (Ketoprofen 10%, Gabapentin 6%, Bupivacaine 5%, Fluticasone 1%, Baclofen 2%, Cyclobenzaprine 2%, Clonidine 0.2%, and Hyaluronic Acid).

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound medication to include Ketoprofen 10%, Gabapentin 6%, Bupivacaine 5%, Fluticasone 1%, Baclofen 2%, Cyclobenzaprine 2%, Clonidine 0.2%, and Hyaluronic Acid 0.2% 300grams with 3 refills: 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 based on Non-MTUS Citation Brown, M. B., and S. A. Jones. "Hyaluronic Acid: A Unique Topical Vehicle for the Localized Delivery of Drugs to the Skin." European Academy of Dermatology and Venereology JEADV (2004): 308-18. Web, and <http://www.drugs.com/mtm/fluticasone-topical.html>.

**Decision rationale:** Compound medication to include Ketoprofen 10%, Gabapentin 6%, Bupivacaine 5%, Fluticasone 1%, Baclofen 2%, Cyclobenzaprine 2%, Clonidine 0.2%, and Hyaluronic Acid 0.2% 300grams with 3 refills is not medically necessary per the MTUS Guidelines and an online review of hyaluronic acid and fluticasone. The MTUS states that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. A review online of hyaluronic acid reveals that it can be used as a vehicle for topical drugs through the skin. The guidelines state that topical Gabapentin is not recommended, as there is no peer-reviewed literature to support use. An online review of Fluticasone reveals that it is a topical steroid. Fluticasone is not specifically mentioned in the MTUS. The guidelines state that topical Gabapentin is not recommended, as there is no peer-reviewed literature to support use. Ketoprofen is not currently FDA approved for a topical application per the MTUS. It has an extremely high incidence of photocontact dermatitis. The MTUS does not support topical Baclofen for this patient's condition or topical muscle relaxants such as Cyclobenzaprine. The MTUS guidelines additionally add that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. This compounded medication contains numerous ingredients that are not supported for topical use by the MTUS. The documentation does not reveal extenuating factors that necessitate going against the MTUS therefore the entire compounded medication is not medically necessary.