

<b>Case Number:</b>	CM15-0181366		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	04/17/2015
<b>Decision Date:</b>	10/29/2015	<b>UR Denial Date:</b>	08/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2015

### 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:

This is a 31 year old male patient who sustained an injury on 04-17-2015. The diagnoses include right shoulder bursitis, right shoulder impingement syndrome, right shoulder sprain and right thigh contusion. Per the progress note dated 8/25/15, he had complaints of right shoulder pain with numbness of his right fingers. Per the progress note dated 07-28-2015, he had complaints of right shoulder pain at 8-9/10 associated with numbness of his right fingers; right thigh pain rated as 4 out of 10. Physical examination revealed decreased range of motion of the right shoulder, positive Hawkins sign and tenderness to palpation of the anterior shoulder. The medications list includes Tramadol, gabapentin and topical compound creams. He has had right shoulder MRI dated 4/17/2015 which revealed contusion of deltoid muscle with edema; EMG dated 7/30/15 and NCS dated 7/28/15 for the upper extremities with normal findings. Prior treatment included physical therapy, injection to right shoulder and medications. The treatment request is for Cyclobenzaprine HCL 7.5 mg per oral three times a day as needed for muscle spasms #90 and Amitriptyline HCL 10% Gabapentin 10% Bupivacaine HCL 5% Hyaluronic Acid 0.2% in cream base, apply a thin layer 2-3 times per day as needed for pain #240 gm. On 08-18-2015 the request for Amitriptyline HCL 10% Gabapentin 10% Bupivacaine HCL 5% Hyaluronic Acid 0.2% in cream base, apply a thin layer 2-3 times per day as needed for pain #240 gm was non-certified by utilization review. The request for Cyclobenzaprine HCL 7.5 mg per oral three times a day for muscle spasms # 90 was modified to Cyclobenzaprine HCL 7.5 mg # 20.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Amitriptyline HCL 10% Gabapentin 10% Bupivacaine HCL 5% Hyaluronic Acid 0.2% in cream base, apply a thin layer 2-3 times per day as needed for pain #240gm: 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:** Amitriptyline HCL 10% Gabapentin 10% Bupivacaine HCL 5% Hyaluronic Acid 0.2% in cream base, apply a thin layer 2-3 times per day as needed for pain #240 gm. This is a request for topical compound medication. Gabapentin is an anticonvulsant and amitriptyline is an antidepressant. The cited Guidelines regarding topical analgesics state, "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. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants). (Argoff, 2006) 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" "Topical NSAIDs-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". "Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product". Gabapentin: Not recommended. There is no peer-reviewed literature to support use. The cited guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Failure of oral antidepressant for this injury is not specified in the records provided. Intolerance to oral medication is not specified in the records provided. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Amitriptyline and gabapentin are not recommended by the cited guidelines for topical use because of the absence of high-grade scientific evidence to support their effectiveness. The medical necessity of Amitriptyline HCL 10% Gabapentin 10% Bupivacaine HCL 5% Hyaluronic Acid 0.2% in cream base, apply a thin layer 2-3 times per day as needed for pain #240 gm is not medically necessary for this patient.

**Cyclobenzaprine HCL 7.5mg per oral three times a day as needed for muscle spasms #90: Overturned**

**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): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

**Decision rationale:** Cyclobenzaprine HCL 7.5mg per oral three times a day as needed for muscle spasms #90. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant. According to California MTUS, Chronic pain medical treatment guidelines, Cyclobenzaprine is "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. It has a central mechanism of action, but it is not effective in treating spasticity from cerebral palsy or spinal cord disease." Per the cited guidelines "Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001) Treatment should be brief. There is also a post-op use. Cyclobenzaprine treated patients with fibromyalgia were 3 times as likely to report overall improvement and to report moderate reductions in individual symptoms, particularly sleep." According to the records provided patient had chronic right shoulder pain. Patient has objective findings on the physical examination-decreased range of motion of the right shoulder, positive Hawkins sign and tenderness to palpation of the anterior shoulder. The patient has chronic pain with abnormal objective exam findings. According to the cited guidelines, Cyclobenzaprine is recommended for short term therapy. Short term or prn use of Cyclobenzaprine in this patient for acute exacerbations would be considered reasonable appropriate and necessary. The request for Cyclobenzaprine HCL 7.5mg per oral three times a day as needed for muscle spasms #90 is medically appropriate and necessary to use as prn during acute exacerbations.