

<b>Case Number:</b>	CM15-0181653		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	12/05/2003
<b>Decision Date:</b>	11/03/2015	<b>UR Denial Date:</b>	08/27/2015
<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: California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 62 year old female who sustained an industrial injury December 5, 2003. Diagnoses are right deQuervain's disease; right carpal tunnel syndrome; right and left ulnar neuropathy, Guyon's canal; right thumb stenosing tenosynovitis; left shoulder rotator cuff tendinitis with impingement; right lateral epicondylitis. According to a primary treating orthopedic hand surgeon's report dated August 7, 2015, the injured worker presented with complaints of pain in the left wrist-hand on the little finger side, occasional pain in the left and right shoulders, pain in the right thumb, with difficulty writing with the right hand. She also reports pain in the left knee, left ankle, left and right hips, lower back with prolonged sitting, and occasional headaches with prolonged bending of her neck. Current medication included topical compounded creams, Voltaren, Fexmid, Imatrex, and Protonix. Objective findings included; right thumb soft tissue mass still present and painful; positive median nerve compression test and Tinel's sign right carpal tunnel; positive right Phalen's test; positive tenderness with triggering A1 pulley, right thumb. Treatment plan included continue medication, acupuncture with authorization, plan for right carpal tunnel surgery with Kenalog injection in two weeks, and at issue, the request for Topical HMPC2-Flurbiprofen 20%-Baclofen 10%-Dexamethasone Micro 0.2%-Hyaluronic Acid 0.2% in cream base 240gm; apply bid(twice a day) to tid (three times a day) Quantity: 1 and Topical HNPC1-Amitripyline 10%-Gabapentin 10%-Bupivacaine 5%-Hyaluronic Acid 0.2% in cream base; 240gm; apply bid to tid Quantity: 1. Electrodiagnostic studies dated January 28, 2015, (report present in the medical record) summation of impression is documented as; "evidence of mild acute C7 radiculopathy on the left". AN MRI of the right

finger-thumb dated January 29, 2015 (report present in the medical record) impression is documented as; interval enlargement of cystic-appearing lesion at the radial aspect of the first proximal phalanx, measuring up to 0.9cm, likely representing a soft tissue ganglion cyst; re-demonstration of polyarticular osteoarthritis, moderate to severe at the first interphalangeal joint; high-grade partial tearing of the extensor pollicis brevis tendon at the insertion at the first proximal phalanx, with possible associated small avulsion fracture. An MRI of the right wrist dated June 25, 2015 (report present in the medical record) impression is documented as; findings which may represent carpal tunnel syndrome; low-grade fraying of the proximal surface of the articular disc of the triangular fibrocartilage; partially visualized soft tissue ganglion cyst formation adjacent to the first proximal phalanx. According to utilization review dated August 27, 2015, the request for Topical HMPC2-Flurbiprofen 20%-Baclofen 10%-Dexamethasone Micro 0.2%-Hyaluronic Acid 0.2% in cream base 240gm; apply bid (twice a day) to tid (three times a day) Quantity: 1 is non-certified. The request for Topical HNPC1-Amitriptyline 10%-Gabapentin 10%-Bupivacaine 5%-Hyaluronic Acid 0.2% in cream base; 240gm; apply bid to tid Quantity: 1 is non-certified.

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

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

**Topical HMPC2 Flurbiprofen 20% Baclofen 10% Dexamethasone Micro 0.2% Hyaluronic Acid 0.2% in cream base 240gm apply bid to tid:** 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:** The 62 year old patient complains of pain in bilateral wrists, right thumb pain, left index finger pain, occasional bilateral shoulder pain, lower back pain, left lower extremity pain, bilateral hip pain, and occasional headaches with prolonged bending of neck, as per progress report dated 08/21/15. The request is for topical HMPC2 Flurbiprofen 20% Baclofen 10% Dexamethasone micro 0.2% Hyaluronic acid 0.2% in cream base 240gm apply bid to TID+. The RFA for this case is dated 08/07/15, and the patient's date of injury is 12/05/03. Diagnoses, as per progress report dated 08/21/15, included right De Quervain's disease, right carpal tunnel syndrome, bilateral ulnar neuropathy, right thumb stenosing tenosynovitis, cervical sprain/strain, left shoulder rotator cuff tendinitis with impingement, left shoulder supraspinatus tendon, left shoulder impingement syndrome, right intersection syndrome, and right lateral epicondylitis. Medications, as per progress report dated 08/07/15, included Diclofenac, Cyclobenzaprine, Sumatriptan, Pantoprazole, and compounded creams. The patient is on modified duty, as per the same progress report. MTUS chronic guidelines 2009, page 111 and Topical Analgesics, state that there is no evidence for use of any muscle relaxants such as Baclofen as a topical product. The MTUS guidelines do not support the use of topical NSAIDs such as Flurbiprofen for axial, spinal pain, but supports its use for peripheral joint arthritis and tendinitis. MTUS Guidelines also provide clear discussion regarding topical compounded creams on pg 111. "Any compounded product that contains at least one drug (or drug class) that is not

recommended is not recommended." In this case, this particular topical formulation is only noted in progress report dated 08/07/15. This appears to be the first prescription for this medication. The treater does not explain where and how the cream will be used. There is no indication of peripheral joint arthritis for which topical Flurbiprofen is recommended. Additionally, MTUS does not support the use of topical muscle relaxants such as Baclofen. Furthermore, MTUS Guidelines also provide clear discussion regarding topical compounded creams on pg 111. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. This request IS NOT medically necessary.

**Amitriptyline 10% Gabapentin 10% Bupivacaine 5% Hyaluronic Acid 0.2% in cream base 240gm apply bid to tid: 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:** The 62 year old patient complains of pain in bilateral wrists, right thumb pain, left index finger pain, occasional bilateral shoulder pain, lower back pack pain, left lower extremity pain, bilateral hips, and occasional headaches with prolonged bending of neck, as per progress report dated 08/21/15. The request is for Amitriptyline 10% Gabapentin 10% Bupivacaine 5% Hyaluronic acid 0.2% in cream base 240gm apply bid to tid. The RFA for this case is dated 08/07/15, and the patient's date of injury is 12/05/03. Diagnoses, as per progress report dated 08/21/15, included right De Quervain's disease, right carpal tunnel syndrome, bilateral ulnar neuropathy, right thumb stenosing tenosynovitis, cervical sprain/strain, left shoulder rotator cuff tendinitis with impingement, left shoulder supraspinatus tendon, left shoulder impingement syndrome, right intersection syndrome, and right lateral epicondylitis. Medications, as per progress report dated 08/07/15, included Diclofenac, Cyclobenzaprine, Sumatriptan, Pantoprazole, and compounded creams. The patient is on modified duty, as per the same progress report. Regarding topical analgesics, MTUS guidelines on page 111, state that "Gabapentin: Not recommended. There is no peer-reviewed literature to support use." The MTUS has the following regarding topical creams (p 111, chronic pain section): 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). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. MTUS Guidelines page 111 has the following regarding topical creams, "Topical analgesics are largely experimental and used with few randomized controlled trials to determine efficacy or safety." MTUS states that many agents are compounded for pain control including antidepressants and that there is little to no research to support their use. MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." In this case, this particular topical formulation is only noted in progress report dated 08/07/15. This appears to be the first prescription for this medication. The treater does not explain where and how the cream

will be used. Additionally, MTUS specifically states that Gabapentin and anti-depressants such as Amitriptyline are not recommended in any topical formulation. MTUS guidelines also recommend against the use of topical formulations with Capsaicin unless other treatments have failed to provide the desired benefits. Furthermore, the Guidelines state clearly that "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Hence, this request IS NOT medically necessary.