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| <b>Case Number:</b>   | CM15-0182138 |                              |            |
| <b>Date Assigned:</b> | 09/23/2015   | <b>Date of Injury:</b>       | 02/10/2015 |
| <b>Decision Date:</b> | 10/27/2015   | <b>UR Denial Date:</b>       | 09/10/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/16/2015 |

### 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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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 male who sustained an industrial injury on 02-10-2015. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for laceration to the small right finger with residual numbness and tingling to the radial aspect of the small right finger, open wound to the forearm, sprain of the hand, hand pain, and left thumb injury. Medical records (05-22-2015 to 06-18-2015) indicate ongoing, but improving, bilateral hand pain, and constant numbness and tingling to radial aspect of the small right finger. Pain levels were not mentioned. Activity levels and functionality was not addressed. Per the treating physician's progress report (PR), the IW has not returned to work. The physical exam, dated 06-18-2015, revealed full composite flexion and extension of the small right finger, and a 6mm 2 point discrimination of the radial digital nerve distribution and ulnar digital nerve distribution of the left small finger. Relevant treatments have included occupational therapy (OT), work restrictions, and orthotics. It was noted that a planned repair of the radial digital nerve laceration to the right small finger with possible interosseous nerve graft was planned and approved by the utilization review. The request for authorization for the non-certified issues at dispute was not available for review. The Utilization Review letter, dated 09-10-2015, states that the following topical analgesics were requested: retrospective flurbiprofen 20% 150 gram cream (including lidocaine and Versapro base cream) #1 (DOS 8/4/15), retrospective gabapentin 10% 150 gram cream (including amitriptyline, capsaicin and Versapro base cream) #1 (DOS 8/4/15), and retrospective cyclobenzaprine 10% 150 gram cream (including lidocaine and Versapro base cream) #1 (DOS 8/4/15). The original Utilization Review (09-10-2015) non-certified the request

for retrospective flurbiprofen 20% 150 gram cream (including lidocaine and Versapro base cream) #1 (DOS 8/4/15), retrospective gabapentin 10% 150 gram cream (including amitriptyline, capsaicin and Versapro base cream) #1 (DOS 8/4/15), and retrospective cyclobenzaprine 10% 150 gram cream (including lidocaine and Versapro base cream) #1 (DOS 8/4/15) based on the lack of supportive documentation.

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

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

#### **Retrospective Flurbiprofen 20% 150 gram cream (incl Lidocaine and Verapro base cr) #1 (DOS 8/4/15): 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 CA MTUS states there is little to no research to support the use of many compounded agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The MTUS states that lidocaine is recommended as a topical product for localized peripheral pain after there has been evidence of a trial of first-line therapy. However, only Lidoderm is indicated for neuropathic pain, while all other topical formulations of lidocaine are not recommended. The guidelines further state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, per the cited MTUS guidelines, the retrospective request for flurbiprofen 20% 150 gram cream (including lidocaine and Versapro base cream) #1 (DOS 8/4/15) is not medically necessary.

#### **Retrospective Gabapentin 10% 150 gram cream (incl Amitriptyline, Capsaicin and Verapro base cr) #1 (DOS 8/4/15): 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 MTUS guidelines on Topical Analgesics describe topical treatment as an option; however, topicals are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily used for neuropathic pain when first-line agents, such as antidepressants and anticonvulsants, have failed. In addition, gabapentin is not recommended as a topical ingredient by the MTUS, and as the guidelines state, any compounded product that contains at least one drug (or drug class) that is not recommended is

not recommended. Therefore, the retrospective request for gabapentin 10% 150 gram cream (including amitriptyline, capsaicin and Versapro base cream) #1 (DOS 8/4/15) is not medically necessary.

**Retrospective Cyclobenzaprine 10% 150 gram cream (incl Lidocaine and Verapro base cr) #1 (DOS 8/4/15): 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 CA MTUS guidelines on topical analgesics describe topical treatment as an option; however, topicals are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily used for neuropathic pain when first-line agents, such as antidepressants and anticonvulsants, have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The MTUS states that muscle relaxers (e.g. cyclobenzaprine) and lidocaine (other than Lidoderm) are not recommended as topical products. Therefore, since they are not recommended by the MTUS, the retrospective request for cyclobenzaprine 10% 150 gram cream (including lidocaine and Versapro base cream) #1 (DOS 8/4/15) is not medically necessary.