

<b>Case Number:</b>	CM15-0182317		
<b>Date Assigned:</b>	09/23/2015	<b>Date of Injury:</b>	04/21/2006
<b>Decision Date:</b>	10/29/2015	<b>UR Denial Date:</b>	08/27/2015
<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: Arizona, 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 61 year old male injured worker suffered an industrial injury on 4-21-2006. The diagnoses included. On 6-24-2015 the treating provider reported continued with constant 5 out of 10 right elbow and shoulder pain. On exam, the right shoulder and elbow had tenderness. The documentation provided did not include evidence of a comprehensive pain evaluation with pain levels with and without medications and no evidence of functional improvement with treatment. The Utilization Review on 8-27-2015 determined non-certification for Compound: Ketoprofen 10%, Gabapentin 6%, Bupivacaine 5%, Fluticasone 1%, baclofen 2%, Cyclobenzaprine 2%, Clonidine 0.2%, Hyaluronic acid 0.2%, no NDC #, no refills, topical analgesic, Alphi lipoic acid 125mg, folic acid 0.5mg, hyaluronic acids, methylcobalamin, B12 (0.5mg, pyridoxal-5, phosphate 35mg, resveratrol 25mg, ubiquinol (CoQ10) 50mg, vitamin D3 500IU 120cc, Med food/Vit/Supplements and Compound: Pentoxifylline 5%, Aminophylline 3%, Lidocaine 2.5%, Hyaluronic Acid 1%, quantity #240gms, no NDC #, no refills, topical analgesic.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound: Ketoprofen 10%, Gabapentin 6%, Bupivacaine 5%, Fluticasone 1%, baclofen 2%, Cyclobenzaprine 2%, Clonidine 0.2%, Hyaluronic acid 0.2%, no NDC #, no refills, topical analgesic: 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:** According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical muscle relaxants such as Cyclobenzaprine and topical Baclofen are not recommended due to lack of evidence. The claimant was on oral opioids as well. The topical lidocaine is intended for neuropathy related to Zoster or diabetes. The claimant did not have this as well. Since the compound above contains these topical medications, the Ketoprofen 10%, Gabapentin 6%, Bupivacaine 5%, Fluticasone 1%, baclofen 2%, Cyclobenzaprine 2%, Clonidine 0.2%, Hyaluronic acid 0.2% is not medically necessary.

**Alpho lipoic acid 125mg, folic acid 0.5mg, hyaluronic acids, methylcobalamin, B12 (0.5mg, pyridoxal-5, phosphate 35mg, resveratrol 25mg, ubiquinol (CoQ10) 50mg, vitamin D3 500IU 120cc, Med food/Vit/Supplements: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment index, 11th Edition (web), updated 05/11/2015, Pain, Medical Food, B Vitamins and vitamin B complex, Vitamin D (cholecalciferol).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter and 140-143.

**Decision rationale:** According to the guidelines, vitamins and supplements are recommended in cases of deficiencies. Vitamin D is recommended under consideration for chronic pain. However, there is no indication for multiple vitamin deficiencies. Although medical foods may be used, the request for its use was not substantiated. The compounds requested are not proven to provide benefit for pain. The request for Alpho lipoic acid 125mg, folic acid 0.5mg, hyaluronic acids, methylcobalamin, B12 (0.5mg, pyridoxal-5, phosphate 35mg, resveratrol 25mg, ubiquinol (CoQ10) 50mg, vitamin D3 500IU 120cc, Med food/Vit/Supplements is not medically necessary.

**Compound: Pentoxifyline 5%, Aminophyline 3%, Lidocaine 2.5%, Hyaluronic Acid 1%, quantity #240gms, no NDC #, no refills, topical analgesic: 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:** According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The topical lidocaine is intended for neuropathy related to Zoster or diabetes. The claimant did not have these diagnoses. Topical anti-platelet medications and bronchial medications lack good evidence or literature to support their use. Since the compound above contains these topical medications, the compound in question is not medically necessary.