

<b>Case Number:</b>	CM15-0183905		
<b>Date Assigned:</b>	09/24/2015	<b>Date of Injury:</b>	04/21/2014
<b>Decision Date:</b>	11/02/2015	<b>UR Denial Date:</b>	08/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2015

### 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, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 43-year-old male, who sustained an industrial injury on April 21, 2014. The injured worker was diagnosed as having cervical radiculopathy, cervical spine sprain and strain, cephalgia, lumbar myositis and myalgia, lumbar radiculopathy, lumbar spine sprain and strain, concentration deficit, dizziness, tinnitus, memory loss, visual disturbance, insomnia, anxiety, and depression. Treatment and diagnostic studies to date has included chiropractic therapy, x-rays, magnetic resonance imaging, computed tomography scan, physical therapy, neurology evaluation and treatment, and medication regimen. In a progress note dated July 13, 2015 the treating physician reports complaints of dull and aching pain to the neck with headaches along with the neck pain radiating to the left ear with hearing difficulty. The treating physician also noted complaints of constant, shooting, burning pain to the low back that radiates with numbness and tingling to the bilateral lower extremities with the right worse than the left, and sleep difficulty and anxiety secondary to pain. Examination performed on July 13, 2015 was revealing for a guarded gait, tenderness to the cervical spine bilaterally, tenderness with myospasm over the bilateral paracervical muscles and the bilateral trapezius muscles, trigger points with positive taut band to the cervical and lumbar region, twitch response to the cervical and lumbar region, positive jump testing to the cervical and lumbar region, tenderness and myospasm to the bilateral paralumbar muscles, tenderness to the sciatic notches, positive bilateral straight leg raises, and decreased range of motion to the lumbar spine with pain. On July 13, 2015 the injured worker's pain level to the head and neck was rated an 8 out of 10 on a visual analog scale along with a pain level to the low back and lower extremities that was rated a 9 out

of 10 on the visual analog scale without the use of his medication regimen that decreases to a 6 out of 10 with the use of his medication regimen. On July 13, 2015 the treating physician noted the use of opioid medications in the injured worker medication regimen, but the progress note did not include the injured worker's specific medication regimen. The progress note also did not indicate if the injured worker experienced any functional improvement with use of his current medication regimen. On July 13, 2015 the treating physician requested the medications of Amitriptyline 10%, Gabapentin 10%, Bupivacaine 5%, and Hyaluronic Acid 0.2% Cream 240gm and Flurbiprofen 20%, Baclofen 5%, Dexamethasone 0.2%, Menthol 2%, Camphor 2%, and Capsaicin with the treating physician citing American College of Occupational and Environmental Medicine Guidelines for use of these topical medications. On August 27, 2015 the Utilization Review determined the requests for Amitriptyline 10%, Gabapentin 10%, Bupivacaine 5%, and Hyaluronic Acid 0.2% Cream 240gm and Flurbiprofen 20%, Baclofen 5%, Dexamethasone 0.2%, Menthol 2%, Camphor 2%, and Capsaicin to be not medically necessary.

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

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

**Amitriptyline 10%/ Gabapentin 10%/ Bupivacaine 5%/ Hyaluronic Acid 0.2% Cream 240gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Amitriptyline; Antidepressants for chronic pain; Gabapentin (Neurontin); Anti-epilepsy drugs (AEDs) for pain; Trigger point injections (TPIs); Flurbiprofen; NSAIDs; NSAIDs, specific drug list & adverse effects; CRPS, treatment; Muscle relaxants (for pain); Injection with anaesthetics and/or steroids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** This claimant was injured in 2014 with cervical sprain, radiculopathy, and lumbar sprain strain. Per the Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 111 of 127, the MTUS notes topical analgesic compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Experimental treatments should not be used for claimant medical care. MTUS notes they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed, but in this case, it is not clear what primary medicines had been tried and failed. In addition, 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 certifiable. This compounded medicine contains several medicines untested in the peer review literature for effectiveness of use topically. Moreover, the MTUS notes that 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 provider did not describe each of the agents, and how they would be useful in this claimant's case for specific goals. The request is appropriately not medically necessary.

**Flurbiprofen 20%/ Baclofen 5%/ Dexamethasone 0.2%/ Menthol 2%/ Camphor 2%/ Capsaicin:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Amitriptyline; Antidepressants for chronic pain; Gabapentin (Neurontin); Anti-epilepsy drugs (AEDs) for pain; Trigger point injections (TPIs); Flurbiprofen; NSAIDs; NSAIDs, specific drug list & adverse effects; CRPS, treatment; Muscle relaxants (for pain); Injection with anaesthetics and/or steroids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 111 of 127. As shared previously, this claimant was injured in 2014 with cervical sprain, radiculopathy, and lumbar sprain strain. As noted earlier, per the Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 111 of 127, the MTUS notes topical analgesic compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Experimental treatments should not be used for claimant medical care. MTUS notes they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed, but in this case, it is not clear what primary medicines had been tried and failed. The request is appropriately not medically necessary.