

Case Number:	CM15-0187611		
Date Assigned:	09/29/2015	Date of Injury:	09/27/2011
Decision Date:	11/10/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/23/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 58 year old female, who sustained an industrial injury on 9-27-2011. The injured worker was being treated for chronic right shoulder tendinitis with impingement findings and functional loss, right wrist carpal tunnel syndrome, chronic low back pain with right-sided radiculopathy, chronic cervical strain, right acromioclavicular joint arthritis, chronic myofascial low aback and neck pain, lumbar degenerative disc disease at L4-S1 (lumbar 4-sacral 1), and cervical degenerative disc disease at C4-C7 (cervical 4-cervical 7). On 8-27-2015, the injured worker reported ongoing neck pain with numbness in the bilateral upper extremities and ongoing right wrist pain, numbness, and tingling. The physical exam (8-27-2015) revealed significant loss of cervical range of motion with spasms and numbness in the bilateral upper extremities. There was tenderness of the lumbar spine with decreased range of motion and muscle guarding and tenderness to palpation of the lower back. There was right shoulder abduction of 110 degrees and flexion of 150 degrees and significant amount of pain on exam. There were positive Tinel sign and Phalen test of the right hand, significant pain with any flexion or dorsiflexion, palpable cystic lesions in the wrist, and crepitus on the right triangular fibrocartilage complex. On 4-9-2015, x-rays of the right knee revealed no significant abnormalities. Treatment has included physical therapy and medications including oral pain, topical pain, anti-epilepsy, proton pump inhibitor, muscle relaxant, and non-steroidal anti-inflammatory. On 8-27-2015, the requested treatments included Flurbiprofen 20%-Baclofen 10%-Dexamethasone 2%-Panthenol 0.5% in cream base, 210 gm and Amitriptyline 10%-Gabapentin 10%-Bupivacaine 5% in cream base, 210 gm. On 8-31-2015, the original utilization review non-certified requests for Flurbiprofen 20%-Baclofen 10%-Dexamethasone 2%-Panthenol 0.5% in cream base, 210 gm and Amitriptyline 10%-Gabapentin 10%-Bupivacaine 5% in cream base, 210 gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20%/ Baclofen 10%/ Dexamethasone 2%/ Panthenol 0.5% in cream base, 210gm: 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: In very high doses, although topical capsaicin has moderate to poor efficacy, it may be particularly useful (alone or in conjunction with other modalities) in patients whose pain has not been controlled successfully with conventional therapy. Per MTUS p113 with regard to topical baclofen, "Baclofen: Not recommended. There is currently one Phase III study of Baclofen-Amitriptyline-Ketamine gel in cancer patients for treatment of chemotherapy-induced peripheral neuropathy. There is no peer-reviewed literature to support the use of topical baclofen. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." Baclofen is not indicated. The CA MTUS, ODG, National Guidelines Clearinghouse, and ACOEM provide no evidence-based recommendations regarding the topical application of Panthenol. Per internet search, it is a proprietary shampoo blend. It is the opinion of this IMR reviewer that a lack of endorsement, a lack of mention, inherently implies a lack of recommendation, or a status equivalent to "not recommended". Regarding the use of multiple medications, MTUS p60 states only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of anti-depressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005) The recent AHRQ review of comparative effectiveness and safety of analgesics for osteoarthritis concluded that each of the analgesics was associated with a unique set of benefits and risks, and no currently available analgesic was identified as offering a clear overall advantage compared with the others. Therefore, it would be optimal to trial each medication individually. Note the statement on page 111: Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. As topical baclofen is not recommended, the requested compounded medication is not medically necessary

Amitriptyline 10%/ Gabapentin 10%/ Bupivacaine 5% in cream base, 210gm: 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: Per MTUS p113 with regard to topical gabapentin: "Not recommended. There is no peer-reviewed literature to support use." Note the statement on page 111: Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The MTUS is silent on the use of topical Bupivacaine, however, topical lidocaine is only recommended for neuropathic 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). There is no documentation that the injured worker has failed trial of these first-line therapies. Per the article "Topical Analgesics in the Management of Acute and Chronic Pain" published in Mayo Clinic Proceedings (Vol 88, Issue 2, p 195-205), "Studies in healthy volunteers demonstrated that topical Amitriptyline at concentrations of 50 and 100 mmol/L produced a significant analgesic effect ($P < .05$) when compared with placebo and was associated with transient increases in tactile and mechanical nociceptive thresholds." Amitriptyline may be indicated. Regarding the use of multiple medications, MTUS p60 states only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of anti-depressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005) The recent AHRQ review of comparative effectiveness and safety of analgesics for osteoarthritis concluded that each of the analgesics was associated with a unique set of benefits and risks, and no currently available analgesic was identified as offering a clear overall advantage compared with the others. Therefore, it would be optimal to trial each medication individually. Note the statement on page 111: Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. As topical gabapentin is not recommended, the compounded medication is not medically necessary.