

<b>Case Number:</b>	CM15-0187799		
<b>Date Assigned:</b>	09/29/2015	<b>Date of Injury:</b>	12/23/2013
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	09/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2015

### 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: 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 58 year old female who sustained an industrial injury on 12-23-2013. Current diagnoses include cervical spine sprain-strain, cervical degenerative disc disease, cervical spine herniated nucleus pulposus, perineural cysts, cervical facet arthropathy, cervical canal stenosis, rule out cervical radiculopathy, left shoulder tendonitis, bilateral shoulder bursitis, bilateral shoulder AC arthrosis, right shoulder rotator cuff tear, low back pain, lumbar spine sprain-strain, lumbar spine herniated nucleus pulposus, lumbar degenerative disc disease, lumbar canal stenosis, lumbar facet hypertrophy, rule out lumbar radiculopathy, mood disorder, and anxiety disorder. Report dated 08-24-2015 noted that the injured worker presented with complaints that included headaches, memory loss, radicular pain and muscles spasms with associated numbness and tingling, bilateral shoulder pain radiating down the arms to the fingers with muscle spasms, and low back pain and muscle spasms radiating down both hips with associated numbness and tingling. Pain level was 5-6 (neck pain), 6-7 (shoulders), and 6 (back) out of 10 on a visual analog scale (VAS). Physical examination performed on 08-24-2015 revealed cervical spine tenderness and decreased cervical range of motion, tenderness at the rotator cuff tendon, AC joint, and subacromial space, decreased shoulder range of motion, diminished upper extremities sensation and motor strength, tenderness of the lumbar spine with spasms, decreased lumbar spine range of motion, and decreased lower extremity sensation and motor strength. Previous treatments included medications, acupuncture, chiropractic, and plasma rich platelet treatments for the bilateral shoulders. The treatment plan included a pending MRI, continue with acupuncture, chiropractic, and plasma rich platelet treatments for the bilateral

shoulders, and continue with medications. The utilization review dated 09-16-2015, non-certified the request for compound medication Amitriptyline HCL 10%, Gabapentin 10%, Bupivacaine HCL 5%, Hyaluronic Acid 0.2% in cream base 240g and compound medication Flurbiprofen 20%, Baclofen 10%, Dexamethasone Micro 0.2%, Hyaluronic Acid 0.2% in cream base 240g.

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

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

**Compound medication Amitriptyline HCL 10%, Gabapentin 10%, Bupivacaine HCL 5%, Hyaluronic Acid 0.2% in cream base 240g: 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 recommend the use of topical analgesics as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The MTUS Guidelines do not recommend the use of topical gabapentin as there is no peer-reviewed literature to support use. Amitriptyline is a tricyclic antidepressant that shares some properties of muscle relaxants. The MTUS Guidelines and ODG do not address the use of amitriptyline or other antidepressants as topical agents for pain, however, the MTUS Guidelines specifically reports that there is no evidence to support the use of topical formulations of muscle relaxants. There is no evidence based guideline in support of the use of topical hyaluronic acid for pain management. As at least one of the medications in the requested compounded medication is not recommended by the guidelines, the request for compound medication Amitriptyline HCL 10%, Gabapentin 10%, Bupivacaine HCL 5%, Hyaluronic Acid 0.2% in cream base 240g is determined to not be medically necessary.

**Compound medication Flurbiprofen 20%, Baclofen 10%, Dexamethasone Micro 0.2%, Hyaluronic Acid 0.2% in cream base 240g: 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): NSAIDs (non-steroidal anti-inflammatory drugs), Topical Analgesics.

**Decision rationale:** The MTUS Guidelines recommend the use of topical analgesics as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Topical NSAIDs have been shown to be superior to placebo for 4-12 weeks for osteoarthritis of the knee. Topical flurbiprofen is not an FDA approved formulation. The MTUS Guidelines state that there is no

evidence for use of muscle relaxants, such as baclofen, as a topical product. There is no evidence based guideline in support of the use of topical hyaluronic acid for pain management. As at least one of the medications in the requested compounded medication is not recommended by the guidelines, the request for compound medication Flurbiprofen 20%, Baclofen 10%, Dexamethasone Micro 0.2%, Hyaluronic Acid 0.2% in cream base 240g is determined to not be medically necessary.