

<b>Case Number:</b>	CM15-0189683		
<b>Date Assigned:</b>	10/01/2015	<b>Date of Injury:</b>	04/15/2015
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	08/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2015

### 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: Physical Medicine & Rehabilitation

### 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 51 year old female, who sustained an industrial injury on 4-15-15. The injured worker has complaints of left shoulder pain. Range of motion is painful, there is tenderness to palpation of the acromioclavicular joint, anterior shoulder and supraspinatus, and supraspinatus press is positive. The diagnoses have included left shoulder impingement syndrome; left shoulder sprain and strain and anxiety. Treatment to date has included motrin; prilosec; nortriptyline and compound creams. Left shoulder X-ray on 5-8-15 showed unremarkable shoulder study. The original utilization review (9-15-15) denied the request for amitriptyline 10% gabapentin 10% bupivacaine 5% hyaluronic acid 0.2% 240g and flurbiprofen 20% baclofen 10% dexamethasone 0.2% hyaluronic acid 0.2% 240g.

### 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% 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:** Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with diffuse spine and joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic to include a compounded anti-depressant and anti-epileptic over oral formulation for this chronic injury without documented functional improvement from treatment already rendered. Guidelines do not recommend long-term use of antidepressant without improved functional outcomes attributable to their use. Additionally, Guidelines do not recommend long-term use of this anti-seizure medication for this injury without improved functional outcomes attributable to their use. The Amitriptyline 10%, Gabapentin 10%, Bupivacaine 5%, Hyaluronic Acid 0.2%, 240g is not medically necessary and appropriate.

**Flurbiprofen 20% Baclofen 10% Dexamethasone 0.2% Hyaluronic Acid 0.2% 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:** Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with diffuse spine and joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic to include a compounded NSAID, muscle relaxant and steroid over oral formulation for this chronic injury without documented functional improvement from treatment already rendered. Guidelines do not recommend long-term use of NSAID without improved functional outcomes attributable to their use. Additionally, Guidelines do not recommend long-term use of this muscle relaxant and steroidal medications for this injury without improved functional outcomes attributable to their use. The Flurbiprofen 20%, Baclofen 10%, Dexamethasone 0.2%, Hyaluronic Acid 0.2%, 240g is not medically necessary and appropriate.