

<b>Case Number:</b>	CM15-0191426		
<b>Date Assigned:</b>	10/05/2015	<b>Date of Injury:</b>	12/03/2014
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	09/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2015

### 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 injured worker is a 54 year old female with an industrial injury dated 12-03-2014. A review of the medical records indicates that the injured worker is undergoing treatment for cervical spine sprain and strain; rule out herniated nucleus pulposus, bilateral shoulder sprain and strain; rule out internal derangement, bilateral elbow sprain and strain; rule out internal derangement, bilateral wrist sprain and strain; rule out internal derangement, and lumbar spine sprain and strain; rule out herniated nucleus pulposus. According to the progress note dated 08-06-2015, the injured worker reported neck pain, bilateral shoulder pain, bilateral elbow pain, bilateral wrist pain, and radicular low back pain. Pain level was 7 out of 10 on a visual analog scale (VAS). Objective findings (07-25-2015 to 08-06-2015) revealed tenderness to palpitation at the suboccipital region and over both trapezius muscles, tenderness at the delto-pectoral groove and at the insertion of the supraspinatus muscle, palpable tenderness over the left medial and lateral epicondyle, tenderness at the carpal tunnel and the first dorsal extensor muscle compartment, and tenderness to palpitation at the lumbar paraspinal muscles and over the lumbosacral junction. Physical exam also revealed decrease range of motion in the cervical spine, lumbar spine, bilateral shoulder, bilateral elbow and bilateral wrist. Treatment has included Magnetic Resonance Imaging (MRI) of the cervical spine, bilateral shoulder, lumbar spine, bilateral elbow dated 07-02-2015, right trigger thumb release on 07-23-2015, prescribed medications, shockwave therapy, physical therapy, acupuncture therapy, chiropractic treatment, and periodic follow up visits. The treating physician prescribed HMPC2 - Flurbiprofen 20%/Baclofen 10%/Dexamethasone Micro 0.2%, Hyaluronic acid 0.2% in cream base 240gm and HNPC1 -

Amitriptyline HCL 10%/Gabapentin 10%/Bupivacaine. The utilization review dated 09-08-2015, non-certified the request for HMPC2 - Flurbiprofen 20%/Baclofen 10%/Dexamethasone Micro 0.2%, Hyaluronic acid 0.2% in cream base 240gm and HNPC1 - Amitriptyline HCL 10%/Gabapentin 10%/Bupivacaine.

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

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

**HMPC2 - Flurbiprofen 20%/Baclofen 10%/Dexamethasone Micro 0.2%, Hyaluronic acid 0.2% in cream base 240gm: 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 Baclofen are not recommended due to lack of evidence. Flurbiprofen is a topical NSAID. It is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. It is recommended for short-term use (4-12 weeks) for arthritis. In this case, the claimant does not have arthritis and long-term use is not indicated. There are diminishing effects after 2 weeks. Topical NSAIDS can reach systemic levels similar to oral NSAIDS. The claimant was also on multiple topicals for months. The continued use of Flurbiprofen 20%/Baclofen 10%/Dexamethasone Micro 0.2%, Hyaluronic acid 0.2% in cream base is not necessary.

**HNPC1 - Amitriptyline HCL 10%/Gabapentin 10%/Bupivacaine: 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 anti epileptics such as Gabapentin are not recommended due to lack of evidence. In this case, the claimant was also prescribed other analgesics. Multiple topicals are not indicated. Since the compound above contains these topical medications, the Amitriptyline HCL 10%/Gabapentin 10%/Bupivacaine is not medically necessary.