

<b>Case Number:</b>	CM15-0193397		
<b>Date Assigned:</b>	10/07/2015	<b>Date of Injury:</b>	04/11/2014
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	09/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2015

### 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 51 year old female who sustained an industrial injury on 04/11/2014. Medical records indicated the worker was treated for chronic DeQuervain's tenosynovitis and chronic right elbow lateral epicondylitis. In the provider notes of 09-01-2015 the injured worker complains of ongoing right shoulder and right elbow injuries. She is status post op surgery (06-19-2015) for the right lateral condyle with denervation and excision of the posterior branches of posterior cutaneous nerve and right detachment of extensor carpi radialis brevis. On examination, the right elbow has pain that radiates into the forearm on the dorsal portion along the extensor pollicis longus tendon, and discomfort associated with palpation of the elbow. The right shoulder has limited range of motion (abduction 90 and flexion 100). She is unable to apply full strength. A MRI (date not given) showed a rotator cuff tear and tendinitis with fluid in the shoulder. Her treatments have included surgery, physical therapy, and topical creams. The note states the worker prefers cream over pills. A request for authorization was submitted for Flurbiprofen 20%/Baclofen 10%/Dexamethasone 20%/Panthenol 0.5% 210gm, and Amitriptyline 10%/Gabapentin 10%/Bupivacaine 5% in cream base 210gm. A utilization review decision 09/10/2015 non-certified both requests.

### 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 20%/Panthenol 0.5% 210gm:** Upheld

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

**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 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 compound that contains a medication that is not recommended is not recommended. 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 provided with other topical analgesics which are not recommended. Since the Flurbiprofen 20%/Baclofen 10%/Dexamethasone 20%/Panthenol 0.5% contains medications not recommended or necessary, the compound 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, Section(s): Topical Analgesics.

**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 and medications such as topical Amitriptyline is not recommended due to lack of evidence. The claimant was also provided with other topical analgesics, which are not recommended. Since the compound above contains these topical medications, the compound in question is not medically necessary.