

<b>Case Number:</b>	CM15-0193680		
<b>Date Assigned:</b>	10/07/2015	<b>Date of Injury:</b>	06/28/2013
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	09/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2015

### 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 62 year old male with an industrial injury date of 06-28-2012 - 06-28-2013 (cumulative trauma). Medical record review indicates he is being treated for bilateral shoulder rotator cuff tear, right knee, severe chondromalacia patella, bilateral wrist strain-sprain and status post left knee arthroscopic surgery in 2007 and a total knee replacement in 2013. Subjective complaints (03-20-2015) included pain in bilateral shoulders (left greater than right) rated as 6 out of 10. The injured worker noted his pain was the same. Other complaints included pain in bilateral wrists rated as 4 out of 10 and pain in bilateral knees (right greater than left) rated as 7 out of 10. The treating physician noted the pain levels are without medications. His current medications (03-20-2015) included Ibuprofen, Lisinopril, Simvastatin, Aspirin, Gabapentin, Metformin and Prilosec. Prior treatments included physical therapy and medications. Objective findings (03-20-2015) included tenderness in both shoulders. Impingement maneuver and Codman drop arm test were positive on both shoulders. Range of motion was decreased. Palpation of the right wrist indicated medial and lateral tenderness on the right wrist and left wrist. On 09-01-2015 utilization review non-certified the request for Retrospective Gabapentin / Amitriptyline /Lidocaine / Capsaicin, Flurbiprofen / Capsaicin / Menthol / Camphor (DOS 4/22/15).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Gabapentin / Amitriptyline / Lidocaine / Capsaicin, Flurbiprofen / Capsaicin / Menthol / Camphor (DOS 4/22/15): 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): Amitriptyline, Capsaicin, topical, 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. 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. Topical lidocaine is used primarily for neuropathic pain when trials of antidepressant and anticonvulsants have failed. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Non-dermal patch formulations are generally indicated as local anesthetics and anti-pruritics. The MTUS Guidelines recommend the use of topical capsaicin only as an option in patients who have not responded or are intolerant to other treatments. Topical NSAIDs have been shown to be superior to placebo for 4-12 weeks for osteoarthritis of the knee. The injured worker's pain is not described as pain from osteoarthritis. Topical flurbiprofen is not an FDA approved formulation. Menthol is not addressed by the MTUS Guidelines or the ODG, but it is often included in formulations of anesthetic agents. It induces tingling and cooling sensations when applied topically. Menthol induces analgesia through calcium channel-blocking actions, as well as binding to kappa-opioid receptors. Menthol is also an effective topical permeation enhancer for water-soluble drugs. There are reports of negative effects from high doses of menthol such as 40% preparations. Camphor is not addressed by the MTUS Guidelines or the ODG, but it often included in formulations of anesthetic agents. It is used topically to relieve pain and reduce itching. It is used topically to increase local blood flow and as a "counter-irritant," which reduces pain and swelling by causing irritation. As at least one of the medications in the requested compounded medications is not recommended by the guidelines, the request for retrospective Gabapentin / Amitriptyline / Lidocaine / Capsaicin, Flurbiprofen / Capsaicin / Menthol / Camphor (DOS 4/22/15) is not medically necessary.