

<b>Case Number:</b>	CM15-0196127		
<b>Date Assigned:</b>	10/09/2015	<b>Date of Injury:</b>	02/16/2015
<b>Decision Date:</b>	11/19/2015	<b>UR Denial Date:</b>	09/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2015

### 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: North Carolina  
 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 52 year old individual with an industrial injury dated 02-16-2015. A review of the medical records indicates that the injured worker is undergoing treatment for headache, right wrist sprain and strain, left hip sprain and strain, loss of sleep, and other insomnia. According to the progress note dated 07-14-2015, the injured worker reported head pain rated at 8 out of 10 without medications and 0 out of 10 with medications. The injured worker reported right wrist pain rated 7 out of 10 without medications and 4 out of 10 with medications. The injured worker also reported left hip pain rated an 8-9 out of 10 with medication and a 4-5 out of 10 with medication. The pain is aggravated with activities and relieved with rest and medications. There was also complaint of loss of sleep due to pain. Objective findings (07-14-2015 to 08-13-2015) revealed tenderness to palpitation of the dorsal right wrist, lateral right wrist, medial right wrist, and volar right wrist. There was tenderness to palpitation of the anterior left hip, lateral left hip and posterior left hip. Treatment has included Magnetic Resonance Imaging (MRI) of lumbar spine dated 09-03-2015, prescribed medications, and periodic follow up visits. The treatment plan included medication management, long wrist support, shockwave therapy, and Magnetic Resonance Imaging (MRI) of the wrist. The treating physician prescribed Flurbiprofen 20%, Lidocaine 5%, Amitriptyline 5% topical compound cream and a prescription for Tramadol 8%, Capsaicin 0.0375%, Menthol 5%, Camphor 2%, Gabapentin 10% and cyclobenzaprine 4% topical compound cream. The utilization review dated 09-29-2015, non-certified the request for Flurbiprofen 20%, Lidocaine 5%, Amitriptyline 5%

topical compound cream and a prescription for Tramadol 8%, Capsaicin 0.0375%, Menthol 5%, Camphor 2%, Gabapentin 10% and cyclobenzaprine 4% topical compound cream.

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

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

**Flurbiprofen 20%, Lidocaine 5%, Amitriptyline 5% topical compound cream: 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 California chronic pain medical treatment guidelines section on topical analgesics states: Recommended as an option as indicated below. 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. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenicamines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The requested medication contains ingredients (amitriptyline), which are not indicated per the California MTUS for topical analgesic use. Therefore, the request is not medically necessary.

**Tramadol 8%, Capsaicin 0.0375%, Menthol 5%, Camphor 2%, Gabapentin 10% and cyclobenzaprine 4% topical compound cream: 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 California chronic pain medical treatment guidelines section on topical analgesics states: Recommended as an option as indicated below. 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. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs,

opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenicamines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The requested medication contains ingredients (tramadol), which are not indicated per the California MTUS for topical analgesic use. Therefore, the request is not medically necessary.