

<b>Case Number:</b>	CM15-0197795		
<b>Date Assigned:</b>	10/13/2015	<b>Date of Injury:</b>	03/07/2013
<b>Decision Date:</b>	11/20/2015	<b>UR Denial Date:</b>	09/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 48 year old male, who sustained an industrial injury on 03-07-2013. The injured worker was diagnosed as having status posttraumatic injury of the left hand suffering crush injuries to the third, fourth, and fifth digits of the left hand and status post-surgical intervention to the fourth and fifth digits of the left hand. On medical records dated 09-08-2015 and 07-30-2015, the subjective complaints were noted as left upper extremity pain, burning sensation at the 4th and 5th digits of hand. Pain was noted to radiate from left hand to left shoulder. Objective findings were noted as left tenderness at the elbow at the origin of the extensor tendons for the wrist. Otherwise, full range of motion was noted. Treatments to date included medication, braces for wrist and elbow and surgical intervention. Current medications were listed as Ibuprofen, Norco and topical transdermal creams. The injured worker was noted to be prescribed transdermal cream since at least 06-2015. The Utilization Review's (UR) was dated 09-17-2015. A request for Flurbiprofen 20 % Baclofen 10 % Dexamethasone 2 % Panthanol .5 % and Amitriptyline 10 % Gabapentin 10 % Bupivacaine 5 % in Cream Base was submitted. The UR submitted for this medical review indicated that the request for Flurbiprofen 20 % Baclofen 10 % Dexamethasone 2 % Panthanol 5 % and Amitriptyline 10 % Gabapentin 10 % Bupivacaine 5 % in Cream Base were non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen 20 Percent/Baclofen 10 Percent/Dexamethasone 2 Percent/Panthenol .5 Percent in Cream Base:** 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:** The claimant sustained a work injury in March 2013 when he fell on his left hand sustaining an open left fourth finger and fifth finger fracture. He underwent ORIF of the fourth finger and closed reduction and pinning of the fifth finger. He developed adhesions and underwent tenolysis with capsulotomy and removal of internal fixation screws on 05/12/15. When seen, he was having increased pain and decreased range of motion. He was having left shoulder discomfort. Ibuprofen was causing gastric upset and irritation. Physical examination findings included decreased left grip strength. He had decreased fourth and fifth finger range of motion and was unable to make a fist. There was left elbow tenderness. He had decreased left finger sensation with significant paresthesias and dysesthesias at the fifth digit. Recommendations included consideration of a stellate ganglion block. Topical compounded creams were prescribed. Compounded topical preparations of flurbiprofen are used off-label (non-FDA approved) and have not been shown to be superior to commercially available topical medications such as diclofenac. Dexamethasone, another anti-inflammatory medication is also a component which is duplicative. Baclofen is a muscle relaxant and there is no evidence for the use of any muscle relaxant as a topical product. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it would be difficult or impossible to determine whether any derived benefit was due to a particular component. In this case, there are other single component topical treatments with generic availability that could be considered. This medication is not considered medically necessary.

**Amitriptyline 10 Percent/Gabapentin 10 Percent/Bupivacaine 5 Percent:** 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:** The claimant sustained a work injury in March 2013 when he fell on his left hand sustaining an open left fourth finger and fifth finger fracture. He underwent ORIF of the fourth finger and closed reduction and pinning of the fifth finger. He developed adhesions and underwent tenolysis with capsulotomy and removal of internal fixation screws on 05/12/15. When seen, he was having increased pain and decreased range of motion. He was having left shoulder discomfort. Ibuprofen was causing gastric upset and irritation. Physical examination findings included decreased left grip strength. He had decreased fourth and fifth finger range of

motion and was unable to make a fist. There was left elbow tenderness. He had decreased left finger sensation with significant paresthesias and dysesthesias at the fifth digit.

Recommendations included consideration of a stellate ganglion block. Topical compounded creams were prescribed. Oral Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and post herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Its use as a topical product is not recommended. Many agents are compounded as monotherapy or in combination for pain control such as opioids antidepressants, glutamate receptor antagonists, alpha-adrenergic receptor agonists, adenosine, cannabinoids, cholinergic receptor agonists, GABA agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor. There is little to no research to support the use of many these agents including amitriptyline. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it would be difficult or impossible to determine whether any derived benefit was due to a particular component. In this case, there are other single component topical treatments with generic availability that could be considered. This medication is not considered medically necessary.