

<b>Case Number:</b>	CM15-0200753		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	03/07/2013
<b>Decision Date:</b>	12/23/2015	<b>UR Denial Date:</b>	09/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2015

### 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: Emergency 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 45 year old male, who sustained an industrial injury on 3-7-2013. Diagnoses include low back pain, lumbar spine herniated nucleus pulposus, and radiculitis, lower extremity. On 8-14-15, he complained of no change in the low back pain with radiation to bilateral lower extremities. Medications prescribed for approximately one year included Deprizine, Dicopanol, and topical compound creams including HMPC2 and HNPC1. The records submitted did not include subjective or objective documentation regarding the use or efficacy of these medications. The physical examination documented lumbar and sciatic notch tenderness with muscle spasm noted. There was decreased lumbar range of motion, a positive left side straight leg raise and decreased sensation to lower extremities bilaterally. The plan of care included continuation of previously prescribed medications. The appeal requested authorization of medications including Deprizine 15mg-ML 250ML; Dicopanol 5mg-ML 150ML; and topical compound creams including (HMPC2) Flurbiprofen 20%-Baclofen 10%-Dexamethasone Micro 0.2%- Hyaluronic Acid 0.2% in cream base 250 grams; and (HNPC1) Amitriptyline HCL 10%-Gabapentin 10%- Bupivacaine HCL 5%- Hyaluronic Acid 0.2% in cream base 240 grams. The Utilization Review dated 9-30-15, denied this request.

### 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 Micro 0.2%/Hyaluronic Acid 0.2% in cream base 240gm: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The request is for the use of a compounded medication for topical use to aid in pain relief. These products contain multiple ingredients which each have specific properties and mechanisms of action. The MTUS guidelines state the following: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In this case, the compounded topical treatment contains an NSAID. Qualifying factors for this product is indicated by the following per the guidelines: The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. (Lin, 2004) (Bjordal, 2007) (Mason, 2004) When investigated specifically for osteoarthritis of the knee, topical NSAIDs have been shown to be superior to placebo for 4 to 12 weeks. Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. FDA-approved agents: Voltaren Gel 1% (diclofenac): 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. In this case, as stated above, the patient would not qualify for the use of a topical NSAID. This is based on the treatment duration with the patient's injury being far greater than 12 weeks. As such, the request is not medically necessary.

**Amitriptyline HCL 10%/Gabapentin 10%/Bupivavaine HCL 5%/Hyaluronic Acid 0.2% in cream base 240gm: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (chronic)/topical analgesics.

**Decision rationale:** The request is for the use of a compounded topical medication to aid in pain relief. The official disability guidelines state the following regarding this topic: 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, biogenic amines, and nerve growth factor). As stated above, the use of any topical compounded medication with an antidepressant included is not evidence based. As such, it is not medically necessary.

**Ketophene 20% cream 167gm:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic)/Ketoprofen, topical.

**Decision rationale:** The request is for the use of Ketoprofen topically. The official disability guidelines state the following regarding this topic: Not recommended in the U.S., as there are currently no FDA-approved versions of this product, but it is a first-line drug in Europe. See Topical analgesics, Non-steroidal anti-inflammatory agents (NSAIDs), and the ketoprofen topical listing, for more information and references. Topical NSAIDs are generally recommended for short term use for acute sprain/strains and longer term for osteoarthritis of the knee and hand, particularly in individuals with risk for GI ulceration, but they are not indicated for treatment of the low back or neuropathic pain. At this time, the only available FDA-approved topical NSAID is diclofenac, but recent high quality studies have identified a dangerous increased risk profile with diclofenac, including topical formulations, making it a second-line recommended treatment in ODG. Topical ketoprofen has been approved by the European FDA (the European Medicines Agency), and the European EULAR and NICE guidelines state these approved formulations of topical ketoprofen should be a first-line treatment, and should be considered before oral NSAIDs because they have shown efficacy significantly superior to placebo and similar to oral NSAIDs, without the same risks of adverse effects. While there are no FDA approved formulations of topical ketoprofen available in the U.S., the product is available from compounding pharmacies. Compound medications are not FDA approved, but they are allowed under state pharmacy regulations. See Compound drugs. Because each compounding pharmacy may create their own version, FDA cannot be a source of information on safety and effectiveness of each version, or on generic equivalency. At this time, there are no high quality studies of any of the various pharmacy compounded formulations of topical ketoprofen available in the U.S. Also, while topical ketoprofen has been used extensively in Europe, in 2009 France removed this product from the market due to photosensitivity reactions. The drug has been reinstated, but this may be a serious problem. See the ketoprofen topical listing in Topical analgesics, Non-steroidal anti-inflammatory agents. Note: Topical ketoprofen is not listed on the ODG Drug Formulary because the scope of the ODG Drug Formulary only includes FDA approved drugs. (Formulary Scope) In this case, the use of this medication is not guideline-supported. This is secondary to no FDA-approved versions of this product. As such, the request is not medically necessary.

**Deprizine 15mg/ml 250ml:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS.

Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic)/Compounded drugs.

**Decision rationale:** The request is for the use of a compounded medication. The official disability guidelines state the following regarding this topic: Not recommended as a first-line therapy. In general, commercially available, FDA-approved drugs should be given an adequate trial. If these are found to be ineffective or are contraindicated in individual patients, compound drugs that use FDA-approved ingredients may be considered. (Wynn, 2011) See specific entries for each ingredient. See also Topical analgesics, compounded. Pharmacy compounding has traditionally involved combining drug ingredients to meet the needs of specific patients for medications that are not otherwise commercially available, and it is undertaken on a patient-by-patient basis for patients who, for example, might be allergic to inactive ingredients in FDA-approved drugs or may need a different dosage strength or route of administration. Unlike commercially available drugs, these products are not approved by the FDA but rather are regulated by the state pharmacy board and state law governing the practice of pharmacy. The FDA does not regulate pharmacy-compounded products in recognition of the important public health function performed by traditional compounding. Recently, some pharmacies have been making and marketing stock compound drugs for the WC patient population. Among the FDA 'Red Flags' for Enforcement Action on Compounded Drugs is: "Compounding drugs in anticipation of receiving prescriptions, except in very limited quantities in relation to amounts compounded after receiving valid prescriptions." (FDA, 2011) Compound topical analgesics may provide relief by acting locally over the painful site with lower risk of systemic adverse effects on the gastrointestinal system and drug interactions than oral NSAIDs. The issues surrounding compound drugs are due to uncertainties regarding whether the products are medically appropriate and whether payments are reasonable, with the latter issue possibly also involving who dispenses the drug. Medical necessity should be based on the patient's needs combined with the medical and scientific evidence presented in ODG. ODG does not address pricing and fee schedules, but in general there should be consistency within a pharmacy fee schedule for products containing the same active ingredients, so that there is not an inappropriate incentive to use compounding. (Wynn, 2011) See also Co-pack drugs; Medical foods; Physician-dispensed drugs; Repackaged drugs; & Topical analgesics, compounded. Criteria for Compound drugs: (1) Include at least one drug substance (or active ingredient) that is the sole active ingredient in an FDA-approved prescription drug, not including OTC drugs. (2) Include only bulk ingredients that are components of FDA-approved drugs that have been made in an FDA-registered facility and have an NDC code. (3) Is not a drug that was withdrawn or removed from the market for safety reasons. (4) Is not a copy of a commercially available FDA-approved drug product. (5) Include only drug substances that have been supported as safe and effective for the prescribed indication by the FDA-approval process and/or by adequate medical and scientific evidence in the medical literature. This would allow off-label usage when supported by medical evidence. See specific entries for each ingredient in ODG for the medical and scientific evidence. (6) Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The use of compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. See also Topical analgesics, compounded. (Wynn, 2011) As stated above the use of this medication is not supported by the guidelines. This is secondary to no documentation which states that there has been a failure of first-line FDA approved drug therapy or any explanation as to why the patient is intolerant to tablets or capsules. As such, the request is not medically necessary.

**Dicopanol 5mg/ml 150ml:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress/Diphenhydramine (Benadryl).

**Decision rationale:** The request is for the use of Diphenhydramine which is in the category of an antihistamine. The MTUS guidelines are silent regarding this topic. The ODG states the following regarding its use: Not recommended. See Insomnia treatment, where sedating antihistamines are not recommended for long-term insomnia treatment. The AGS updated Beers criteria for inappropriate medication use includes diphenhydramine. (AGS, 2012) Anticholinergic drugs, including diphenhydramine, may increase the risk for dementia by 50% in older adults. There is an obvious dose-response relationship between anticholinergic drug use and risk of developing dementia, but chronic use, even at low doses, would be in the highest risk category. While there is awareness that these drugs may cause short-term drowsiness or confusion, which is included in the prescribing information, there is no mention of long-term effects on cognition, and generally awareness of this issue is very low, and both the public and doctors need to be encouraged to use alternative treatments where possible. (Gray, 2015) As stated above, the use of this medication is not indicated for use in this patient for insomnia. There is inadequate documentation of the reasoning for its use for other indications. As such, the request is not medically necessary.