

<b>Case Number:</b>	CM15-0202906		
<b>Date Assigned:</b>	10/19/2015	<b>Date of Injury:</b>	10/07/2013
<b>Decision Date:</b>	12/03/2015	<b>UR Denial Date:</b>	09/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal 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 10-07-13. A review of the medical records reveals the injured worker is undergoing treatment for right shoulder and elbow sprain-strain, right wrist carpal tunnel syndrome and ganglion cyst, right wrist triangular fibrocartilage complex tear, finger pain, status post right hand crush injury, and right hand osteonecrosis. Medical records (09-02-15) reveal the injured worker complains of right shoulder pain rated at 6/10, right elbow, hand, and wrist pain rated at 5/10. The physical exam (09-02-15) reveals tenderness to palpation of the right shoulder, elbow, wrist and hand. Range of motion is diminished in the right shoulder, elbow, and wrist. The injured worker is unable to close the 3rd, 4th, and 5th digits on the right hand is unable to full flex at the proximal and distal interphalangeal joints. Sensation to pinprick and light touch is diminished over the C5-T1 dermatomes. Motor strength is decreased due to pain in the right upper extremity. Prior treatment includes physical therapy, acupuncture, chiropractic care, and shockwave therapy, as well as oral and topical medications. The original utilization review (09-22-15) non certified the request for a urine drug screen, and topical compounds including HMPC2 and HNPC1. There is no documentation from 03-04-15, 04-08-15, 05-06-15, 06-10-15, 07-15-15, 08-05-15, or 09-05-15 of the performance of a urine drug screen or discussion of results.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HMPC2 - Flurbiprofen 20%, Baclofen 10%, Dexamethasone Micro 0.2%, Hyaluronic acid 0.2% in cream base 240gm: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, HMPC2 Flurbiprofen 20%, baclofen 10%, dexamethasone 0.2%, hyaluronic acid 0.2%, in cream base, 240 g is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are 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. Other than Lidoderm, no other commercially approved topical formulation of lidocaine whether cream, lotions or gels are indicated for neuropathic pain. In this case, the injured worker's working diagnoses are right shoulder sprain strain; right elbow sprain strain; right wrist carpal tunnel syndrome; right wrist ganglion cyst; right wrist TFCC tear; digit pain; status post right hand crush injury; and right-hand osteonecrosis. Date of injury is October 7, 2013. Request for authorization is September 2, 2015. The documentation shows a urine drug screen was performed June 2015 that was consistent. There is no documentation of aberrant drug-related behavior, drug misuse or abuse. According to a September 2, 2015 progress note, subjective complaints include shoulder pain radiation to the arm and digit and elbow pain generalized with spasm. The injured worker status post right wrist/hand crush injury. Objectively, there is tenderness to palpation at the right shoulder, generalized tenderness over the right elbow and tenderness to palpation over the right carpal bones. Current medications do not include opiates or other controlled substances. There is no documentation of aberrant drug-related behavior, drug misuse or abuse. Topical Flurbiprofen is not FDA approved for topical use and not recommended. Topical baclofen is not recommended. Any compounded product that contains at least one drug (Flurbiprofen and baclofen) that is not recommended is not recommended. Consequently, HMPC2 Flurbiprofen 20%, baclofen 10%, dexamethasone 0.2%, hyaluronic acid 0.2%, in cream base is not recommended. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, HMPC2 Flurbiprofen 20%, baclofen 10%, dexamethasone 0.2%, hyaluronic acid 0.2%, in cream base, 240 g is not medically necessary.

**HNPC1 - Amitriptyline HCL 10%, Gabapentin 10%, Bupivacaine HCL 5%, Hyaluronic acid 0.2% in cream base 240gm: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, HNPC1 amitriptyline HCL 10%, gabapentin 10%, Bupivacaine 5% and hyaluronic acid 0.2%, in cream base, #240 g is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are 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. Other than Lidoderm, no other commercially approved topical formulation of lidocaine whether cream, lotions or gels are indicated for neuropathic pain. In this case, the injured worker's working diagnoses are right shoulder sprain strain; right elbow sprain strain; right wrist carpal tunnel syndrome; right wrist ganglion cyst; right wrist TFCC tear; digit pain; status post right hand crush injury; and right-hand osteonecrosis. Date of injury is October 7, 2013. Request for authorization is September 2, 2015. The documentation shows a urine drug screen was performed June 2015 that was consistent. There is no documentation of aberrant drug-related behavior, drug misuse or abuse. According to a September 2, 2015 progress note, subjective complaints include shoulder pain radiation to the arm and digit and elbow pain generalized with spasm. The injured worker status post right wrist/hand crush injury. Objectively, there is tenderness to palpation at the right shoulder, generalized tenderness over the right elbow and tenderness to palpation over the right carpal bones. Current medications do not include opiates or other controlled substances. There is no documentation of aberrant drug-related behavior, drug misuse or abuse. Topical gabapentin is not recommended. Any compounded product that contains at least one drug (topical gabapentin) that is not recommended is not recommended. Consequently, HNPC1 amitriptyline HCL 10%, gabapentin 10%, Bupivacaine 5% and hyaluronic acid 0.2%, in cream base is not recommended. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, HNPC1 amitriptyline HCL 10%, gabapentin 10%, Bupivacaine 5% and hyaluronic acid 0.2%, in cream base, #240 g is not medically necessary.

**1 urine drug screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, steps to avoid misuse/addiction.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Urine drug screen.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, urine drug testing is not medically necessary. Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances and uncover diversion of prescribed substances. This test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. The frequency of urine drug testing is determined by whether the

injured worker is a low risk, intermediate or high risk for drug misuse or abuse. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. For patients at low risk of addiction/aberrant drug-related behavior, there is no reason to perform confirmatory testing unless the test inappropriate or there are unexpected results. If required, confirmatory testing should be the questioned drugs only. In this case, the injured worker's working diagnoses are right shoulder sprain strain; right elbow sprain strain; right wrist carpal tunnel syndrome; right wrist ganglion cyst; right wrist TFCC tear; digit pain; status post right hand crush injury; and right-hand osteonecrosis. Date of injury is October 7, 2013. Request for authorization is September 2, 2015. The documentation shows a urine drug screen was performed June 2015 that was consistent. There is no documentation of aberrant drug-related behavior, drug misuse or abuse. According to a September 2, 2015 progress note, subjective complaints include shoulder pain radiation to the arm and digit and elbow pain generalized with spasm. The injured worker status post right wrist/hand crush injury. Objectively, there is tenderness to palpation at the right shoulder, generalized tenderness over the right elbow and tenderness to palpation over the right carpal bones. Current medications do not include opiates or other controlled substances. There is no documentation of aberrant drug-related behavior, drug misuse or abuse. There is no clinical indication or rationale for a repeat urine drug toxicology screen. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, a consistent urine drug screen performed June 2015, no documentation of aberrant drug-related behavior, drug misuse or abuse, no documentation of a clinical indication and rationale for a repeat urine drug screen and urine drug testing is not medically necessary.