

<b>Case Number:</b>	CM15-0203681		
<b>Date Assigned:</b>	10/21/2015	<b>Date of Injury:</b>	01/07/2013
<b>Decision Date:</b>	12/08/2015	<b>UR Denial Date:</b>	10/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2015

### 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: Texas, California

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:

This is a 51 year old male patient, who sustained an industrial injury on 1-7-2013. The diagnoses include bilateral hip pain and osteoarthritis. Per the doctor's note dated 5-5-2015, he had complains of moderate to severe constant sharp, dull, burning, aching, stabbing and shooting pain. Physical exam dated 5-5-2015 revealed an antalgic gait, and bilateral hip decreased range of motion (ROM). The medications list includes Janumet XR and Lisinopril-HCTZ. Treatment to date has included use of a cane, nonsteroidal anti-inflammatory drug (NSAID), pain medication and cortisone injections. The treating physician reviewed a 5-5-2015 X-ray and indicated bilateral osteoarthritis in the hips. The original utilization review dated 10-8-2015 indicates the request for Flurbiprofen 20% Baclofen 10% Dexamethasone 2% panthenol 0.5% in cream base #210 gram and Amitriptyline 10% Gabapentin 10% Bupivacaine 5% in cream base #210 gram is non-certified.

### 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 2% Panthenol 0.5% in cream base #210 gram: 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:** Request- Flurbiprofen 20% Baclofen 10% Dexamethasone 2% Panthenol 0.5% in cream base #210 gram. This is a request for topical compound medication. Baclofen is muscle relaxant and Flurbiprofen is a NSAID. The MTUS Chronic Pain Guidelines regarding topical analgesics state, "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. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, Capsaicin, local anesthetics, antidepressants), (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. For Topical NSAIDs- There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use. Baclofen: Not recommended. There is no peer-reviewed literature to support the use of topical Baclofen. MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Failure of antidepressants and anticonvulsants for this injury is not specified in the records provided. Intolerance to oral medication is not specified in the records provided. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Baclofen is not recommended by MTUS for topical use as cited above because of the absence of high grade scientific evidence to support its effectiveness in the topical form. The medical necessity of Flurbiprofen 20% Baclofen 10% Dexamethasone 2% Panthenol 0.5% in cream base #210 gram is not fully established for this patient. The request is not medically necessary.

**Amitriptyline 10%, Gabapentin 10%, and Bupivacine 5% in cream base #210 gram:**  
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:** Request- Amitriptyline 10% Gabapentin 10% Bupivacine 5% in cream base #210 gram. This is a request for topical compound medication. Gabapentin is anticonvulsant. The cited Guidelines regarding topical analgesics state, 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. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants), (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. Gabapentin: Not recommended. There is no peer-reviewed literature to support use. MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Failure of antidepressants and anticonvulsants for this injury is not specified in the records provided. Intolerance to oral medication is not specified in the records provided. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Amitriptyline and Gabapentin are not recommended by the cited guidelines for topical use as cited above because of the absence of high grade scientific evidence to support their effectiveness. The medical necessity of Amitriptyline 10% Gabapentin 10% Bupivacaine 5% in cream base #210 gram is not fully established for this patient. The request is not medically necessary.