

<b>Case Number:</b>	CM15-0206021		
<b>Date Assigned:</b>	10/23/2015	<b>Date of Injury:</b>	09/29/2012
<b>Decision Date:</b>	12/11/2015	<b>UR Denial Date:</b>	09/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2015

### 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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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:

This is a 49 year old male with a date of injury on 9-29-12. A review of the medical records indicates that the injured worker is undergoing treatment for neck, back and left shoulder pain. Progress report dated 8-27-15 reports continued complaints of neck pain rated 8 out of 10, described as throbbing, stiffness with weakness and cramping. Lumbar pain is constant and rated 9 out of 10, described as sharp, stiffness with weakness and cramping. He also has complaints of constant left shoulder pain rated 9 out of 10, described as throbbing, stiffness with numbness, tingling and weakness. Objective findings: neck range of motion is limited, lumbar spine has tenderness to palpation, straight leg raise is positive and range of motion is limited, left shoulder range of motion is decreased and tender to palpation on the anterior region. Treatments include: medication physical therapy, left shoulder arthroscopy with partial synovectomy, chondroplasty, aqua therapy. Medications include: pantoprazole, cyclobenzaprine, Tramadol and zolpidem. Compound creams ordered. Request for authorization was made for Compound-Amitriptyline 10 percent-Gabapentin 10 percent-Bupivacaine 5 percent-Hyaluronic acid 0.2 percent in cream base and Flurbiprofen 20 percent-Baclofen 5 percent-Dexamethasone 2 percent-Menthol 2 percent-Camphor 2 percent-Capsaicin 0.025 percent. Utilization review dated 9-10-15 non-certified the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound-Amitriptyline 10%-Gabapentin 10%-Bupivacaine 5%-Hyaluronic acid 0.2% 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:** Regarding the request for Compound-Amitriptyline 10%-Gabapentin 10%-Bupivacaine 5%-Hyaluronic acid 0.2% in cream base, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Regarding topical gabapentin, Chronic Pain Medical Treatment Guidelines state that topical anti-epileptic medications are not recommended. They go on to state that there is no peer-reviewed literature to support their use. Guidelines do not support the use of topical antidepressants. Within the documentation available for review, none of the above mentioned criteria have been documented. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient, despite guideline recommendations. In light of the above issues, the currently requested Compound-Amitriptyline 10%-Gabapentin 10%-Bupivacaine 5%-Hyaluronic acid 0.2% in cream base is not medically necessary.

**Flurbiprofen 20%-Baclofen 5%-Dexamethasone 2%-Menthol 2%-Camphor 2%-Capsaicin 0.025%:** 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:** Regarding the request for Flurbiprofen 20%-Baclofen 5%-Dexamethasone 2%-Menthol 2%-Camphor 2%-Capsaicin 0.025%, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Topical NSAIDs are indicated for "Osteoarthritis and tendonitis, 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. Neuropathic pain: Not recommended as there is no evidence to support use." Capsaicin is "Recommended only as an option in patients who have not responded or are intolerant to other treatments." Muscle relaxants drugs are not supported by the CA MTUS for topical use. Within the documentation available for review, none of the abovementioned criteria have been documented. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient, despite guideline recommendations. In light of the above issues, the currently requested Flurbiprofen 20%-Baclofen 5%-Dexamethasone 2%-Menthol 2%-Camphor 2%-Capsaicin 0.025% is not medically necessary.

