

<b>Case Number:</b>	CM15-0207850		
<b>Date Assigned:</b>	10/26/2015	<b>Date of Injury:</b>	11/10/2014
<b>Decision Date:</b>	12/31/2015	<b>UR Denial Date:</b>	09/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2015

### 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, Florida

Certification(s)/Specialty: Anesthesiology, 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:

The injured worker is a 52 year old female, who sustained an industrial injury on 11-10-2014. The injured worker is undergoing treatment for cervical, shoulders, elbows, wrists, hips, knees and ankles strain-sprain, cervical and lumbar radiculopathy, cervical and lumbar herniated nucleus pulposus (HNP), shoulder impingement, chest pain, abdominal pain, low back pain and sleep disorder. Medical records dated 8-14-2015 indicate the injured worker complains of neck, shoulder, back and wrist pain rated 5-7 out of 10 and elbow, chest, abdominal, hip, knee and foot-ankle pain rated 3-5 out of 10. She reports medication helps with pain and sleep. Physical exam dated 8-14-2015 notes cervical, shoulder, lumbar, elbow, wrist, hip, knee and ankle tenderness to palpation with decreased range of motion (ROM), chest tenderness to palpation and positive McMurray's, Neer's and Cozen's test. There is decreased cervical and lumbar dermatome sensitivity. Treatment to date has included oral and topical medication, physical therapy, chiropractic treatment, physiotherapy and acupuncture. The original utilization review dated 9- 25-2015 indicates the request for HMPC2 240 grams, HNPC1 240 grams, Ketoprofen 20% cream 167 grams and cyclobenzaprine 5% cream 110 grams 5-29-2015 and 6-30-2015 is non- certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HMPC2 240 grams: 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): Antidepressants for chronic pain, Antiepilepsy drugs (AEDs), Medications for chronic pain, NSAIDs (non-steroidal anti-inflammatory drugs), Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Topical Analgesics.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that topical analgesics can be utilized for the treatment of localized neuropathic pain when standard treatments with orally administered anticonvulsant and antidepressant medications are not effective. The records did not show subjective or objective findings consistent with a diagnosis of localized neuropathic pain such as CRPS, the diagnosis of generalized musculoskeletal joints pain. There is no documentation of failure of treatment with orally administered first line medications. There is lack of guidelines support for the utilization of topical formulation of HMPC2 containing flurbiprofen 20%, baclofen 10%, dexamethasone 0.2%, hyaluronic acid 0.2% for the treatment of musculoskeletal pain. The criteria for the use of HMPC2 240grams was not met. Therefore the request is not medically necessary.

**HNPC1 240 grams: 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): Amitriptyline, Antidepressants for chronic pain, Antiepilepsy drugs (AEDs), Medications for chronic pain, Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Topical Analgesics.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that topical analgesics can be utilized for the treatment of localized neuropathic pain when standard treatments with orally administered anticonvulsant and antidepressant medications are not effective. The records did not show subjective or objective findings consistent with a diagnosis of localized neuropathic pain such as CRPS, the diagnosis of generalized musculoskeletal joints pain. There is no documentation of failure of treatment with orally administered first line medications. There is lack of guidelines support for the utilization of topical formulations of HNPC1 containing amitriptyline 10% / gabapentin 10% / bupivacaine 5% /hyaluronic acid 0.2% for the treatment of musculoskeletal pain. The criteria for the use of HNPC1 240grams as not met. Therefore the request is not medically necessary.

**Ketoprofen 20% cream 167 grams: 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): Medications for chronic pain, NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, specific drug list & adverse effects, Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter NSAIDs Topical Analgesics.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that topical analgesics can be utilized for the treatment of localized neuropathic pain when standard treatments with orally administered anticonvulsant and antidepressant medications are not effective. The records did not show subjective or objective findings consistent with a diagnosis of localized neuropathic pain such as CRPS, the diagnosis of generalized musculoskeletal joints pain. There is no documentation of failure of treatment with orally administered first line medications. There is lack of guidelines support for the utilization of topical formulation of ketoprofen for the treatment of chronic musculoskeletal pain. The use of topical ketoprofen is associated with the development of photosensitive dermatitis. The criteria for the use of ketoprofen 20% cream 167grams was not met. The request is not medically necessary.

**Cyclobenzaprine 5% cream 110 grams 5/29/15 and 6/30/15: 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): Cyclobenzaprine (Flexeril), Medications for chronic pain, Muscle relaxants (for pain), Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Muscle Relaxants Topical Analgesics.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that topical analgesics can be utilized for the treatment of localized neuropathic pain when standard treatments with orally administered anticonvulsant and antidepressant medications are not effective. The records did not show subjective or objective findings consistent with a diagnosis of localized neuropathic pain such as CRPS, the diagnosis of generalized musculoskeletal joints pain. There is no documentation of failure of treatment with orally administered first line medications. There is lack of guidelines support for the utilization of topical formulation of cyclobenzaprine for the treatment of chronic musculoskeletal pain. The criteria for the use of cyclobenzaprine 5% cream 110grams DOS 5/29/2015 and 6/30/2015 was not met. The request is not medically necessary.