

<b>Case Number:</b>	CM15-0209840		
<b>Date Assigned:</b>	10/28/2015	<b>Date of Injury:</b>	09/10/2013
<b>Decision Date:</b>	12/10/2015	<b>UR Denial Date:</b>	10/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/26/2015

### 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: Preventive Medicine, Occupational 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 51 year old male who sustained an industrial injury on 9-10-2013. A review of the medical records indicates that the injured worker is undergoing treatment for status post left hand-wrist-forearm blunt trauma crush injury, left wrist complex fracture, left ulnar neuropathy: Guyon's canal, left median neuropathy: carpal tunnel and left 5 finger flexion contracture. According to the progress report dated 9-24-2015, the injured worker complained of electrical shooting in left elbow down to fingers, pain in left wrist, weakness of left hand and numbness of finger. Objective findings (9-24-2015) revealed decreased light touch sensation median greater than ulnar left side. Left side median and ulnar nerve compression tests were positive and left Phalen's test was positive. Treatment has included left wrist surgery and medications. Current medications (9-24-2015) included Tylenol #3, Zofran, Imitrex and Lunesta. The original Utilization Review (UR) (10-16-2015) denied requests for Flurbiprofen 20% Baclofen 10% Dexamethasone Micro 0.2% Hyaluronic acid 0.2% #240gm and Amitriptyline 10% Gabapentin 10% Bupivacaine 5% Hyaluronic acid 0.2% #240gm.

### 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% #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): Muscle relaxants (for pain), NSAIDs (non-steroidal anti-inflammatory drugs), Topical Analgesics.

**Decision rationale:** The MTUS Guidelines recommend the use of topical analgesics as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Topical NSAIDs, have been shown to be superior to placebo for 4-12 weeks for osteoarthritis of the knee. Topical flurbiprofen is not an FDA approved formulation. The MTUS Guidelines state that there is no evidence for use of muscle relaxants, such as baclofen, as a topical product. There is no evidence based guideline in support of the use of topical hyaluronic acid for pain management.

As at least one of the medications in the requested compounded medication is not recommended by the guidelines, the request for Flurbiprofen 20% Baclofen 10% Dexamethasone Micro 0.2% Hyaluronic acid 0.2% #240gm is determined to not be medically necessary.

**Amitriptyline 10% Gabapentin 10% Bupivacaine 5% Hyaluronic acid 0.2% #240gm:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

**Decision rationale:** Amitriptyline is a tricyclic antidepressant that shares some properties of muscle relaxants. The MTUS Guidelines and ODG do not address the use of amitriptyline or other antidepressants as topical agents for pain, however, the MTUS Guidelines specifically reports that there is no evidence to support the use of topical formulations of muscle relaxants. The MTUS Guidelines do not recommend the use of topical gabapentin as there is no peer-reviewed literature to support use. There is no evidence based guideline in support of the use of topical hyaluronic acid for pain management. As at least one of the medications in the requested compounded medication is not recommended by the guidelines, the request for Amitriptyline 10% Gabapentin 10% Bupivacaine 5% Hyaluronic acid 0.2% #240gm is determined to not be medically necessary.