

<b>Case Number:</b>	CM15-0026246		
<b>Date Assigned:</b>	02/18/2015	<b>Date of Injury:</b>	06/21/2012
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	01/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/11/2015

### 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: New York  
 Certification(s)/Specialty: Emergency 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 58-year-old male with an industrial injury dated 06/21/2012. His diagnoses include status post left shoulder arthroscopy with rotator cuff repair and biceps tenodesis with distal clavicle excision, mild cubital tunnel syndrome, and history of diabetes. No recent diagnostic testing was submitted or discussed. Previous treatments have included conservative care, medications, physical therapy, and personal exercise program at a gym. In a progress note dated 01/26/2015, the treating physician reports increased range of motion and increased strength as noted by the injured worker. The objective examination revealed a shoulder range of motion of 0-175 degrees, mild Hawkins and Neer signs. The treating physician is requesting six compound medications, which were denied by the utilization review. 1: On 01/26/2015, Utilization Review non-certified a prescription for a compound topical medication consisting of Flurbiprofen powder 30gm, Lidocaine 7.5gm, and Versapro Base cream 112.5gm, noting that the medication is to be used for patients with refractory neuropathic pain who have tried and failed other oral agents including antidepressants and anticonvulsants, and that the provider failed to make it known why the injured worker required/needed specific medications in a topical formulation. The MTUS Guidelines were cited. 2: On 01/26/2015, Utilization Review non-certified a prescription for a compound topical medication consisting of Gabapentin powder 15gm, Amitriptyline 7.5gm, Capsaicin 0.0375gm, and Versapro Base cream 127.46gm, noting that the drug Gabapentin is not recommended, that the medication is to be used for patients with refractory neuropathic pain who have tried and failed other oral agents including antidepressants and anticonvulsants, and that the provider failed to make it known why the injured worker

required/needed specific medications in a topical formulation. The MTUS Guidelines were cited. 3: On 01/26/2015, Utilization Review non-certified a prescription (retrospective) for a compound topical medication consisting of cyclobenzaprine 15gm, Lidocaine 3gm, and Versapro Base cream 132gm with a date of service: 12/18/2014, noting that topical lidocaine has been designated 'orphan' status by the FDA for neuropathic pain, and that the medication is to be used for patients with refractory neuropathic pain who have tried and failed other oral agents including antidepressants and anticonvulsants. The MTUS Guidelines were cited. 4: On 01/26/2015, Utilization Review non-certified a prescription for a compound topical medication consisting of Flurbiprofen powder 6gm, Lidocaine 1.5gm, and Versapro Base cream 22gm, noting the noting that topical lidocaine has been designated 'orphan' status by the FDA for neuropathic pain, and that the medication is to be used for patients with refractory neuropathic pain who have tried and failed other oral agents including antidepressants and anticonvulsants. The MTUS Guidelines were cited. 5: On 01/26/2015, Utilization Review non-certified a prescription for a compound topical medication consisting of Gabapentin powder 3gm, Amitriptyline 1.5gm, Capsaicin 0.0075gm and Versapro Base cream 25.49gm, that Gabapentin is not recommended, that the medication is to be used for patients with refractory neuropathic pain who have tried and failed other oral agents including antidepressants and anticonvulsants, and that the provider failed to make it known why the injured worker required/needed specific medications in a topical formulation. The MTUS Guidelines were cited. 6: On 01/26/2015, Utilization Review non-certified a prescription (retrospective) for a compound topical medication consisting of cyclobenzaprine 3gm, Lidocaine 0.6gm, and Versapro Base cream 26.4gm, noting that topical lidocaine has been designated 'orphan' status by the FDA for neuropathic pain, and that the medication is to be used for patients with refractory neuropathic pain who have tried and failed other oral agents including antidepressants and anticonvulsants. The MTUS Guidelines were cited. On 02/11/2015, the injured worker submitted an application for IMR for review of medications times 6 compounds; 1: Flurbiprofen powder 30gm, Lidocaine 7.5gm, Versapro Base cream 112.5gm. 2: Gabapentin powder 15gm, Amitriptylin 7.5gm, Capsaicin 0.0375gm, Versapro Base cream 127.46gm. 3: Cyclobenzaprine 15gm, Lidocaine 3gm, Versapro Base cream 132gm, date of service: 12/18/2014. 4: Flurbiprofen powder 6gm, Lidocaine 1.5gm, Versapro Base cream 22gm. 5: Gabapentin powder 3gm, Amitriptylin 1.5gm, Capsaicin 0.0075gm and Versapro Base cream 25.46gm, and cyclobenzaprine 3gm, Lidocaine 0.6gm, and Versapro Base cream 26.4gm.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Flurbiprofen powder 30gm, Lidocaine 7.5gm, Versapro base cream 112.5gm date of service 12/18/14: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain. Topical Medications Page(s): 60,111-113.

**Decision rationale:** No physician reports discuss the specific indications and medical evidence in support of the topical medications prescribed in this case. The treating physician has not discussed the ingredients of this topical agent and the specific indications for this injured worker. Per the MTUS page 60, medications are to be given individually, one at a time, with assessment of specific benefit for each medication. Provision of multiple medications simultaneously is not recommended. In addition to any other reason for lack of medical necessity for these topical agents, they are not medically necessary on this basis at minimum. The MTUS states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The MTUS does not recommend any of the ingredients of these topical compounds, in the combinations prescribed or otherwise. Topical lidocaine, only in the form of the Lidoderm patch, is indicated for neuropathic pain (which is not present in this case). The MTUS states that the only form of topical lidocaine that is recommended is Lidoderm. The topical lidocaine prescribed in this case is not Lidoderm. Topical anesthetics like the ones dispensed are not indicated per the FDA, are not FDA approved, and place injured workers at an unacceptable risk of seizures, irregular heartbeats and death. The treating physician has aggravated what was already a risky form of prescribing by prescribing two topical creams that each contains lidocaine. This is redundant and possibly toxic. Note that topical flurbiprofen is not FDA approved, and is therefore experimental and cannot be presumed as safe and efficacious. Non-FDA approved medications are not medically necessary. The topical agents prescribed are not medically necessary based on the MTUS, lack of medical evidence, FDA directives, and inappropriate prescribing.

**Gabapentin powder 15gm, Amitriptylin 7.5gm, Capsaicin 0.0.75gm, Versapro base cream 127.46gm for date of service 12/18/14: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain. Topical Medications Page(s): 60,111-113.

**Decision rationale:** No physician reports discuss the specific indications and medical evidence in support of the topical medications prescribed in this case. The treating physician has not discussed the ingredients of this topical agent and the specific indications for this injured worker. Per the MTUS page 60, medications are to be given individually, one at a time, with assessment of specific benefit for each medication. Provision of multiple medications simultaneously is not recommended. In addition to any other reason for lack of medical necessity for these topical agents, they are not medically necessary on this basis at minimum. The MTUS states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The MTUS does not recommend any of the ingredients of these topical compounds, in the combinations prescribed or otherwise. Per the MTUS citation, there is no good evidence in support of topical Gabapentin; this agent is not recommended. Capsaicin has some indications, in the standard formulations readily available without custom compounding. It is not clear what the indication is in this case, as the injured worker does not appear to have the necessary indications per the MTUS. The MTUS also states that capsaicin is only recommended when other treatments have failed. This injured worker has not received adequate trials of other,

more conventional treatments. The treating physician did not discuss the failure of other, adequate trials of other treatments. Capsaicin is not medically necessary based on the lack of indications per the MTUS. There is no good evidence in support of topical amitriptyline. There is no good evidence to support topical amitriptyline. The topical agents prescribed are not medically necessary based on the MTUS and lack of medical evidence.

**Cyclobenzaprine 15mg, Lidocaine 3gm, Versapro base cream 132gm for date of service 12/18/14: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain. Topical Medications Page(s): 60,111-113.

**Decision rationale:** No physician reports discuss the specific indications and medical evidence in support of the topical medications prescribed in this case. The treating physician has not discussed the ingredients of this topical agent and the specific indications for this injured worker. Per the MTUS page 60, medications are to be given individually, one at a time, with assessment of specific benefit for each medication. Provision of multiple medications simultaneously is not recommended. In addition to any other reason for lack of medical necessity for these topical agents, they are not medically necessary on this basis at minimum. The MTUS states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The MTUS does not recommend any of the ingredients of these topical compounds, in the combinations prescribed or otherwise. Topical lidocaine, only in the form of the Lidoderm patch, is indicated for neuropathic pain (which is not present in this case). The MTUS states that the only form of topical lidocaine that is recommended is Lidoderm. The topical lidocaine prescribed in this case is not Lidoderm. Topical anesthetics like the ones dispensed are not indicated per the FDA, are not FDA approved, and place injured workers at an unacceptable risk of seizures, irregular heartbeats and death. The treating physician has aggravated what was already a risky form of prescribing by prescribing two topical creams that each contains lidocaine. This is redundant and possibly toxic. Per the MTUS citation, there is no good evidence in support of topical muscle relaxants; these agents are not recommended. The topical agents prescribed are not medically necessary based on the MTUS, lack of medical evidence, FDA directives, and inappropriate prescribing.

**Flurbiprofen powder 6gm, Lidocaine 1.5gm, Versapro base cream 22.5gm for date of service 12/15/14: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain. Topical Medications Page(s): 60,111-113.

**Decision rationale:** No physician reports discuss the specific indications and medical evidence in support of the topical medications prescribed in this case. The treating physician has not discussed the ingredients of this topical agent and the specific indications for this injured worker. Per the MTUS page 60, medications are to be given individually, one at a time, with assessment of specific benefit for each medication. Provision of multiple medications simultaneously is not recommended. In addition to any other reason for lack of medical necessity for these topical agents, they are not medically necessary on this basis at minimum. The MTUS states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The MTUS does not recommend any of the ingredients of these topical compounds, in the combinations prescribed or otherwise. Topical lidocaine, only in the form of the Lidoderm patch, is indicated for neuropathic pain (which is not present in this case). The MTUS states that the only form of topical lidocaine that is recommended is Lidoderm. The topical lidocaine prescribed in this case is not Lidoderm. Topical anesthetics like the ones dispensed are not indicated per the FDA, are not FDA approved, and place injured workers at an unacceptable risk of seizures, irregular heartbeats and death. The treating physician has aggravated what was already a risky form of prescribing by prescribing two topical creams that each contains lidocaine. This is redundant and possibly toxic. Note that topical flurbiprofen is not FDA approved, and is therefore experimental and cannot be presumed as safe and efficacious. Non-FDA approved medications are not medically necessary. The topical agents prescribed are not medically necessary based on the MTUS, lack of medical evidence, FDA directives, and inappropriate prescribing.

**Gabapentin powder 3gm, Amitriptylin 1.5gm, Capsaicin 0.0075gm, Versapro base cream 25.49gm for date of service 12/15/14: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain. Topical Medications Page(s): 60,111-113.

**Decision rationale:** No physician reports discuss the specific indications and medical evidence in support of the topical medications prescribed in this case. The treating physician has not discussed the ingredients of this topical agent and the specific indications for this injured worker. Per the MTUS page 60, medications are to be given individually, one at a time, with assessment of specific benefit for each medication. Provision of multiple medications simultaneously is not recommended. In addition to any other reason for lack of medical necessity for these topical agents, they are not medically necessary on this basis at minimum. The MTUS states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The MTUS does not recommend any of the ingredients of these topical compounds, in the combinations prescribed or otherwise. Per the MTUS citation, there is no good evidence in support of topical gabapentin; this agent is not recommended. Capsaicin has some indications, in the standard formulations readily available without custom compounding. It is not clear what the indication is in this case, as the injured worker does not appear to have the necessary indications per the MTUS. The MTUS also states that capsaicin is only recommended when other treatments have failed. This injured worker has not received adequate trials of other,

more conventional treatments. The treating physician did not discuss the failure of other, adequate trials of other treatments. Capsaicin is not medically necessary based on the lack of indications per the MTUS. There is no good evidence in support of topical amitriptyline. The topical agents prescribed are not medically necessary based on the MTUS and lack of medical evidence.

**Cyclobenzaprine 3gm, Lidocaine 0.6gm, Versapro base cream 26.4gm for date of service 12/15/14: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain. Topical Medications Page(s): 60,111-113.

**Decision rationale:** No physician reports discuss the specific indications and medical evidence in support of the topical medications prescribed in this case. The treating physician has not discussed the ingredients of this topical agent and the specific indications for this injured worker. Per the MTUS page 60, medications are to be given individually, one at a time, with assessment of specific benefit for each medication. Provision of multiple medications simultaneously is not recommended. In addition to any other reason for lack of medical necessity for these topical agents, they are not medically necessary on this basis at minimum. The MTUS states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The MTUS does not recommend any of the ingredients of these topical compounds, in the combinations prescribed or otherwise. Topical lidocaine, only in the form of the Lidoderm patch, is indicated for neuropathic pain (which is not present in this case). The MTUS states that the only form of topical lidocaine that is recommended is Lidoderm. The topical lidocaine prescribed in this case is not Lidoderm. Topical anesthetics like the ones dispensed are not indicated per the FDA, are not FDA approved, and place injured workers at an unacceptable risk of seizures, irregular heartbeats and death. The treating physician has aggravated what was already a risky form of prescribing by prescribing two topical creams that each contains lidocaine. This is redundant and possibly toxic. Per the MTUS citation, there is no good evidence in support of topical muscle relaxants; these agents are not recommended. The topical agents prescribed are not medically necessary based on the MTUS, lack of medical evidence, FDA directives, and inappropriate prescribing.