

<b>Case Number:</b>	CM15-0220732		
<b>Date Assigned:</b>	11/13/2015	<b>Date of Injury:</b>	01/03/2013
<b>Decision Date:</b>	12/24/2015	<b>UR Denial Date:</b>	10/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/09/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 55 year old male, who sustained an industrial injury on 1-3-2013. Diagnoses include cervicgia, radiculopathy, cervical sprain, degenerative disc disease, cervical disc displacement, right rotator cuff, arthrosis, bursitis, superiorly displaced humerus, right shoulder pain, and right bone cyst. Treatments to date include activity modification, medication therapy, and physical therapy. On 9-10-15, he complained of ongoing neck pain and muscle spasm, right shoulder pain with radiation down right upper extremity. Current medications prescribed for over six months included topical compound creams and oral suspension of Synapryn, Tabradol, Deprizine, Dicopanol, and Gabapentin. Medications were noted to decrease symptoms temporarily and increased ability for a restful sleep. The physical examination documented cervical tenderness and decreased range of motion with positive musculoskeletal tests. The right shoulder was tender with trigger points noted and decreased range of motion and positive impingement signs. Sensation was noted as diminished and there was decreased strength to the right upper extremity noted. The plan of care included prescriptions to refill previous prescribed medications in addition to therapies. The appeal requested authorization for topical compound creams including HMPC2 240 grams and HNPC1 240 grams. The Utilization Review dated 10-14-15, denied the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound HMPC2 240 grams:** 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 based on Non-MTUS Citation Brown, M. B., and S. A. Jones. "Hyaluronic Acid: A Unique Topical Vehicle for the Localized Delivery of Drugs to the Skin." European Academy of Dermatology and Venereology JEADV (2004): 308-18. Web and <http://www.drugs.com/dexamethasone.html>.

**Decision rationale:** Compound HMPC2 240 grams is not medically necessary per the MTUS Guidelines and an online review of Dexamethasone and hyaluronic acid. The documentation indicates that this compound contains Flurbiprofen 20%/Baclofen 10%/Dexamethasone Micro 0.2%/Hyaluronic Acid 0.2% in a cream base. The MTUS states that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. A review online of hyaluronic acid reveals that it can be used as a vehicle for topical drugs through the skin. Dexamethasone is a corticosteroid used to treat inflammatory conditions per an online review of this medication. The MTUS guidelines state that topical NSAIDs are indicated in osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment and are 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. The guidelines additionally add that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The MTUS does not support topical Baclofen and there are no extenuating circumstances in the documentation submitted which would necessitate going against guideline recommendations and using this product therefore this request is not medically necessary.

**Compound HNPC1 240 grams:** 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 based on Non-MTUS Citation, <http://www.drugs.com/pro/bupivacaine.html> and Brown, M. B., and S. A. Jones. "Hyaluronic Acid: A Unique Topical Vehicle for the Localized Delivery of Drugs to the Skin." European Academy of Dermatology and Venereology JEADV (2004): 308-18. Web.

**Decision rationale:** Compound HNPC1 240 grams is not medically necessary per the MTUS Guidelines and an online review of hyaluronic acid and Bupivacaine. The documentation indicates that this compound contains Amitriptyline HCL 105/Gabapentin 10%/Bupivacaine HCL 5%/Hyaluronic Acid 0.2% in cream base. A review online indicates that Bupivacaine is a topical anesthetic. A review online of hyaluronic acid reveals that it can be used as a vehicle for

topical drugs through the skin. The guidelines do not specifically support Amitriptyline which is an antidepressant or Bupivacaine. The MTUS guidelines state that many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). 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. The guidelines do not support topical Gabapentin therefore this entire product is not medically necessary. There are no extenuating circumstances in the documentation to necessitate this topical analgesic.