

<b>Case Number:</b>	CM15-0222447		
<b>Date Assigned:</b>	11/18/2015	<b>Date of Injury:</b>	12/03/2013
<b>Decision Date:</b>	12/30/2015	<b>UR Denial Date:</b>	10/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2015

### 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, Tennessee  
 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 33 year old male, who sustained an industrial injury on December 3, 2013, incurring neck, mid back, left shoulder, left elbow, left wrist, left knee and left ankle injuries. He was diagnosed with cervical disc displacement, cervical radiculopathy, left shoulder sprain, thoracic spine sprain, thoracic and lumbar disc disease, bilateral hip sprain, left knee sprain and left ankle sprain. Treatment included anti-inflammatory drugs, topical analgesic creams, pain medications, transcutaneous electrical stimulation unit, steroid injections, braces and supports, acupuncture and physical therapy and activity restrictions. Currently, the injured worker complained of neck pain and muscle spasms, left shoulder pain radiating into the arm and hand aggravated by gripping, grasping and reaching, left elbow pain with muscle spasms, left hip, knee, ankle and mid back and low back pain and spasms aggravated by prolonged positioning, sitting, standing, walking and bending, and climbing stairs. He rated his overall pain 9 out of 10 on a pain scale from 0 to 10. His pain was aggravated by activities of daily living including getting dressed and personal hygiene. There was noted restricted range of motion of all areas of injury. The treatment plan that was requested for authorization included prescriptions for topical compound cream HMPC2 and HNPC1. On October 14, 2015, a request for prescriptions of topical compound cream HMPC2 and HNPC1 were denied by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of compound HMPC2: Flurbiprofen 20%, Baclofen 10%, Dexamethasone Micro 0.2%, Hyaluronic Acid 0.2% in cream base 240 grams: 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, Hyaluronic Acid and Other Medical Treatment Guidelines UpToDate: Dexamethasone, Drug Information.

**Decision rationale:** This medication is a compounded topical analgesic containing flurbiprofen, baclofen, dexamethasone, and hyaluronic acid. Topical analgesics are recommended for neuropathic pain when anticonvulsants and antidepressants have failed. Compounded topical analgesics are commonly prescribed and there is little to no research to support the use of these compounds. Furthermore, the guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Flurbiprofen is a non-steroidal anti-inflammatory drug (NSAID). Flurbiprofen is recommended as an oral agent for the treatment of osteoarthritis and the treatment of mild to moderate pain. It is not recommended as a topical preparation. Baclofen is not recommended. There is no peer-reviewed literature to support the use of topical baclofen. Dexamethasone is a steroid medication for anti-inflammatory effects. It is used orally and parenterally or as an ophthalmic topical preparation. It is not recommended as a topical dermal preparation. Hyaluronic acid is recommended as an injection for severe osteoarthritis of the knees. It is not recommended as a topical medication. This medication contains drugs that are not recommended. Therefore the medication cannot be recommended. The request should not be authorized and is not medically necessary.

**1 prescription of compound HNPC1: Amitriptyline HCL 10%, Gabapentin 10%, Bupivacaine HCL 5%, Hyaluronic Acid 0.2% in cream base 240 grams: 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): Amitriptyline, Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, Hyaluronic Acid and Other Medical Treatment Guidelines UpToDate: Bupivacaine, Drug Information.

**Decision rationale:** This medication is a compounded topical analgesic containing amitriptyline, gabapentin, bupivacaine, and hyaluronic acid. Topical analgesics are recommended for neuropathic pain when anticonvulsants and antidepressants have failed. Compounded topical analgesics are commonly prescribed and there is little to no research to support the use of these compounds. Furthermore, the guidelines state that: Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Amitriptyline is a tricyclic antidepressant. Tricyclics are generally considered a first-line agent for neuropathic

pain, unless they are ineffective, poorly tolerated, or contraindicated. Indications in controlled trials have shown effectiveness in treating central post-stroke pain, post-herpetic neuralgia, painful diabetic and non-diabetic polyneuropathy, and post-mastectomy pain. Negative results were found for spinal cord pain and phantom-limb pain, but this may have been due to study design. Tricyclics have not demonstrated significance in randomized-control trials in treating HIV neuropathy, spinal cord injury, cisplatin neuropathy, neuropathic cancer pain, phantom limb pain or chronic lumbar root pain. Caution is required because tricyclics have a low threshold for toxicity, and tricyclic antidepressant overdose is a significant cause of fatal drug poisoning due to their cardiovascular and neurological effects. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. It is not recommended as a topical preparation. Gabapentin is not recommended. There is no peer-reviewed literature to support use. Bupivacaine is a local anesthetic used in nerve blocks and spinal anesthesia. It is not recommended as a topical preparation. Hyaluronic acid is recommended as an injection for severe osteoarthritis of the knees. It is not recommended as a topical medication. This medication contains drugs that are not recommended. Therefore the medication cannot be recommended. The request should not be authorized and is not medically necessary.