

<b>Case Number:</b>	CM15-0051464		
<b>Date Assigned:</b>	03/24/2015	<b>Date of Injury:</b>	10/17/2014
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/18/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 43 year old female, who sustained an industrial injury on 10/17/14. She reported initial complaints of neck, and left knee pain. The injured worker was diagnosed as having cervical sprain/strain; lumbar radiculopathy; lumbosacral sprain/strain; bilateral shoulder sprain/strain; left forearm strain; bilateral de Quervain's disease; bilateral hip sprain/strain; plantar fasciitis; anxiety. Treatment to date has included physical therapy; chiropractic care; medications. Currently, per PR-2 notes dated 2/17/15, the injured worker complains of cervical, lumbar, bilateral shoulder, right elbow, left forearm, bilateral wrist, bilateral hips, left knee and bilateral foot pain. The notes also demonstrate the injured worker complains of loss of sleep due to pain issues. The provider notes the injured worker feels chiropractic therapy is helping; he will evaluate the need for possible MRI request, and the injured worker would like the medications/creams that she has not yet received (retrospective 1 container of flurbiprofen 20%, baclofen 5%, dexamethasone 2%, menthol 2%, camphor 2%, and capsaicin 0.025% in cream base 240 grams and container of gabapentin 10%, amitriptyline 10%, and bupivacaine 5% in a cream base 240 grams from 1/20/2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective 1 container of gabapentin 10%, amitriptyline 10%, and bupivacaine 5% in a cream base 240 grams (1/20/2015): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-114.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

**Decision rationale:** According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended. Topical Gabapentin is not recommended due to lack of evidence to support its use. In addition, there is insufficient evidence to support the use of topical Amitriptyline. In addition the claimant was on multiple topical analgesics for several months along with oral analgesics with noted reduction in oral medications. The container of gabapentin 10%, amitriptyline 10%, and bupivacaine 5% in a cream base 240 grams on 1/20/15 is not medically necessary.

**Retrospective 1 container of flurbiprofen 20%, baclofen 5%, dexamethasone 2%, menthol 2%, camphor 2%, and capsaicin 0.025% in cream base 240 grams (1/20/2015): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-114.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

**Decision rationale:** According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended. Topical Baclofen is not recommended due to lack of evidence. In addition the claimant was on multiple topical analgesics for several months along with oral analgesics with noted reduction in oral medications. Since the compound above contains topical Baclofen, the container of flurbiprofen 20%, baclofen 5%, dexamethasone 2%, menthol 2%, camphor 2%, and capsaicin 0.025% is not medically necessary.