

<b>Case Number:</b>	CM15-0053480		
<b>Date Assigned:</b>	03/26/2015	<b>Date of Injury:</b>	01/06/2013
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2015

### 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 50 year old woman, who sustained an industrial injury on January 6, 2013. She reported that while pushing a dessert cart at work, she suddenly felt a sharp pain in her neck and shoulders. The injured worker was diagnosed as having right wrist sprain/strain. Treatment to date has included acupuncture and medication. Currently, the injured worker complains of intermittent moderate to 7/10 stabbing right wrist pain and numbness. The Secondary Treating Physician's report dated February 11, 2015, noted the right wrist with tenderness to palpation of the dorsal wrist and volar wrist. The treatment plan was noted to include continued use of medications as prescribed, including Alprazolam, Norco, and two compound creams, and a urine screen to rule out medication toxicity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine toxicology:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-80 and 94.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain, urine drug testing.

**Decision rationale:** Chronic Pain Medical Treatment Guidelines state that urinary drug testing should be used if there are issues of abuse, addiction, or pain control in patients being treated with opioids. ODG criteria for Urinary Drug testing are recommended for patients with chronic opioid use. Patients at low risk for addiction/aberrant behavior should be tested within 6 months of initiation of therapy and yearly thereafter. Those patients with moderate risk for addiction/aberrant behavior should undergo testing 2-3 times/year. Patients with high risk of addiction/aberrant behavior should be tested as often as once per month. In this case the patient underwent urine drug testing in October 2014. Because there is no documented aberrant/addiction behavior, urine drug testing is not indicated until October 2015. The request is not medically necessary.

**MPHCC1 Flurbiprofen 20 percent/Baclofen 5 percent/ Dexamethasone 2 percent/ Menthol 2 percent/ Camphor 2 percent/Capsaicin 0.025 percent in cream base:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation <http://ncbi.nlm.nih.gov/pubmed/24547599>.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 111-112. Decision based on Non-MTUS Citation UpToDate: Camphor and menthol: Drug information Treatment Guidelines from the Medical Letter, April 1, 2013, Issue 128: Drugs for pain.

**Decision rationale:** This medication is a compounded topical analgesic that contains flurbiprofen, baclofen, dexamethasone, menthol, camphor, and capsaicin. 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. There is no peer-reviewed literature to support the use of topical baclofen. Baclofen is not recommended. Dexamethasone is a corticosteroid. Corticosteroids can produce analgesia in some patients with inflammatory diseases or tumor infiltration of nerves. They are not recommended as a topical agent. Capsaicin is recommended only as an option in patients who have not responded or cannot tolerate other treatments. It is recommended for osteoarthritis, fibromyalgia, and chronic non-specific back pain and is considered experimental in high doses. In this case the patient is not suffering from osteoarthritis or fibromyalgia. Capsaicin is not recommended. Camphor and menthol are topical skin products that are available over the counter and used for the relief of dry itchy skin. Topical analgesics containing menthol, methyl salicylate or capsaicin are generally well-tolerated, but there have been rare reports of severe skin burns requiring treatment or hospitalization.

Camphor and menthol are not recommended. This medication contains drugs that are not recommended. Therefore the medication cannot be recommended. The request should not be medically necessary.

**NPC1 Gabapentin 10 percent/Amitriptyline 10 percent/Bupivacaine 5 percent in cream base 30 grams - 72 hour supply:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/16202956>.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 111-112. Decision based on Non-MTUS Citation UpToDate: Benzocaine: Drug information.

**Decision rationale:** This medication is a compounded topical analgesic that contains gabapentin, amitriptyline, and bupivacaine. 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." Gabapentin is not recommended. There is no peer-reviewed literature to support use. 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. Bupivacaine is a local anesthetic used in nerve blocks and spinal anesthesia. It is not recommended as a topical preparation. This medication contains drugs that are not recommended. Therefore the medication cannot be recommended. The request should not be medically necessary.