

<b>Case Number:</b>	CM15-0057607		
<b>Date Assigned:</b>	04/02/2015	<b>Date of Injury:</b>	12/17/2001
<b>Decision Date:</b>	05/07/2015	<b>UR Denial Date:</b>	03/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2015

### 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: Texas, 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 52 year old female, who sustained an industrial injury on 12/17/2001. She reported injury from a slip and fall. The injured worker was diagnosed as having status post right shoulder arthroscopy subacromial decompression and distal clavicle excision, status post cervical discectomy and fusion, neck pain and neuropathic pain syndrome. There is no record of a recent diagnostic study. Treatment to date has included surgery, physical therapy and medication management. In a progress note dated 3/2/2015, the injured worker complains of constant neck pain with radiation into the bilateral shoulder with the right worse than the left. The treating physician is requesting a compounded pain gel. The medication list includes Xanax, Topamax, Flexeril, Ultram, Mobic and Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neuropathic pain gel (Baclofen 2%, Gabapentin 6%, Amitriptyline 3%, Nifedipiee 2%, Bupivcane 5%, Magnisium Chloride15%, Dextromethorphan 5%, Flurbiprofen 10%)**  
**QTY: 1.00:** 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 Chronic Pain - Topical Analgesics, pages 111-112 Topical Analgesics.

**Decision rationale:** According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is 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. 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. Gabapentin: Not recommended. There is no peer-reviewed literature to support use. Ketamine: Under study: Only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Any trial of antidepressants and anticonvulsants for these symptoms were not specified in the records provided. Any intolerance or contraindication to oral medications was not specified in the records provided. As per cited guideline Gabapentin: Not recommended. There is no peer-reviewed literature to support use. Topical Gabapentin is not recommended in this patient for this diagnosis as cited. Amitriptyline is an antidepressant. Per the cited guidelines, many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics and antidepressants, there is little to no research to support the use of many of these agents. Therefore topical amitriptyline is not recommended by the cited guidelines. Baclofen is a muscle relaxant. Per the cited guidelines, other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product. Per the cited guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical Gabapentin, Baclofen and amitriptyline are not recommended in this patient for this diagnosis as cited. The medical necessity of the request for Neuropathic pain gel (Baclofen 2%, Gabapentin 6%, Amitriptyline 3%, Nifedipine 2%, Bupivacaine 5%), is not fully established in this patient.