

<b>Case Number:</b>	CM15-0083163		
<b>Date Assigned:</b>	05/05/2015	<b>Date of Injury:</b>	10/20/2014
<b>Decision Date:</b>	06/09/2015	<b>UR Denial Date:</b>	04/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/30/2015

### 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 40-year-old male, who sustained an industrial injury on 10/20/2014. He reported injuries to his lower back, left shoulder, hand and wrist due to repetitive duties. Diagnoses have included lumbago, lumbar radiculitis and left shoulder impingement syndrome. Treatment to date has included topical creams. According to the progress report dated 12/19/2014, exam of the lumbar spine revealed positive Kemp's test. Straight leg raise caused pain on the left. Exam of the left shoulder revealed that Supraspinatus Press caused pain and Shoulder Apprehension caused pain. Exam of the left wrist revealed that Phalen's test caused pain. The treatment plan was for topical creams and acupuncture. Authorization was pending for nerve conduction velocity (NCV)/electromyography (EMG) of the upper extremities, initial Functional Capacity Evaluation, a home exercise kit and magnetic resonance imaging (MRI) studies. Authorization was requested for Panthenol/Dexamethasone/Baclofen/Flurbiprofen and Panthenol/Bupivacaine/Gabapentin/Amitriptyline. The current medication list was not specified in the records provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request (DOS 2/25/2015) for Panthenol/Dexamethasone/ Baclofen/ Flurbiprofen: 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, Topical Analgesics Page(s): 111-112.

**Decision rationale:** Request: Retrospective request (DOS 2/25/2015) for Panthenol/Dexamethasone/Baclofen/Flurbiprofen. 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, "There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." The medication Flurbiprofen is a NSAID. 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 Flurbiprofen, Baclofen are not recommended in this patient for this diagnosis as cited. The Retrospective request (DOS 2/25/2015) for Panthenol/Dexamethasone/Baclofen/Flurbiprofen is not medically necessary in this patient.

**Panthenol/Byprivacaine/Gabapentin/Amitriptyline:** 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:** Panthenol/Byprivacaine/Gabapentin/Amitriptyline. 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, 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. 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, and amitriptyline are not recommended in this patient for this diagnosis as cited. The request for Panthenol/ Bypivacaine/Gabapentin/Amitriptyline is not medically necessary in this patient.