

<b>Case Number:</b>	CM15-0085214		
<b>Date Assigned:</b>	05/07/2015	<b>Date of Injury:</b>	02/25/2014
<b>Decision Date:</b>	06/09/2015	<b>UR Denial Date:</b>	04/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/04/2015

### 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: California, Indiana, New York  
Certification(s)/Specialty: Internal 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 was a 52 year old female, who sustained an industrial injury, February 25, 2014. The injured worker previously received the following treatments Norco and compound cream. The injured worker was diagnosed with phalange fractures and fractures of the toes. According to progress note of March 4, 2015, the injured workers chief complaint was of open weeping wounds on the first and second tips of the toes. The injured worker was given a three day supply and responded well for neuropathic pain. The compound was in conjunction with oral medication to provide targeted pain relief and treatment with reduced side effects associated with oral medications. The treatment plan included prescriptions for compound cream of Gabapentin, Amitriptyline, Dextromethorphan, Cyclobenzaprine and Flurbiprofen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 2% Flurbiprofen 25% 180gm #1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, topical cyclobenzaprine 2% and Flurbiprofen 25% #180 g is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are 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 is not recommended. Topical cyclobenzaprine is not recommended. Topical Flurbiprofen is not FDA approved for topical use. In this case, the injured worker's working diagnoses, according to a January 12, 2015 progress note, are fracture of phalanges; and fracture of toes. The request for authorization is dated April 10, 2015. The medical record contains 27 pages and a single progress note by the non-requesting physician (for the topical compounds) dated January 12, 2015. There are no contemporaneous progress notes in the medical record with a clinical indication or rationale for the topical analgesic cream on or about the date of the request for authorization. The sole progress note, subjectively, states same as previous visit no change. There are no objective findings. Additionally, any compounded product that contains at least one drug (topical cyclobenzaprine and topical Flurbiprofen-not FDA approved) that is not recommended is not recommended. Consequently, absent clinical documentation with a clinical indication and rationale for topical cyclobenzaprine 2% and Flurbiprofen 25%, topical cyclobenzaprine 2% and Flurbiprofen 25% #180 g is not medically necessary.

**Gabapentin 15% Amitriptyline 4% Dextromethorphan 10% 180gm #1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, topical gabapentin 15%/amitriptyline 4%/dextromethorphan 10% #180 g is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are 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 is not recommended. Topical gabapentin is not recommended. In this case, the injured worker's working diagnoses, according to a January 12, 2015 progress note, are fracture of phalanges; and fracture of toes. The request for authorization is dated April 10, 2015. The medical record contains 27 pages and a single progress note by the non-requesting physician (for the topical compounds) dated January 12, 2015. There are no contemporaneous progress notes in the medical record with a clinical indication or rationale for the topical analgesic cream on or about the date of the request for authorization. The sole progress note, subjectively, states "same as previous visit no change".

There are no objective findings documented in the progress note. Additionally, any compounded product that contains at least one drug (topical gabapentin) that is not recommended is not recommended. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, topical gabapentin 15%/amitriptyline 4%/dextromethorphan 10% #180 g is not medically necessary.