

<b>Case Number:</b>	CM14-0118630		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	05/08/2013
<b>Decision Date:</b>	10/06/2014	<b>UR Denial Date:</b>	07/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/25/2014

### 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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 63-year-old male who has submitted a claim for cervical strain, left shoulder impingement syndrome, and left possible biceps tendon tear associated with an industrial injury date of 5/8/2013. Medical records from 12/18/13 up to 4/22/14 were reviewed showing complaints of frequent moderate neck and shoulder pain. Cervical spine examination showed tender paravertebral muscles with spasms and limited ROM. Atrophy and tenderness of the left shoulder were appreciated. Impingement sign was positive. Treatment to date has included Flurbiprofen 20% Tramadol 20% GM, Gabapentin 10% Amitriptyline 10% Dextromethorphan 10% 240gm, hot and cold unit, and physical therapy. Utilization review from 7/3/2014 denied the request for Flurbiprofen 20% Tramadol 20% GM and Gabapentin 10% Amitriptyline 10% Dextromethorphan 10% 240 GM. Topical NSAIDs are not recommended for neuropathic pain as there is no evidence to support use. In addition, Gabapentin is not recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen 20% Tramadol 20% GM:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

**Decision rationale:** Pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many these agents. In addition, there is little to no research as for the use of Flurbiprofen in compounded products. Tramadol is not recommended as a compound topical analgesic. In this case, it is unclear when the patient started using this compounded cream. His pain level was not documented. This compound contains Flurbiprofen and Tramadol which are both not recommended as topical analgesics. Therefore the request for Flurbiprofen 20% Tramadol 20% GM is not medically necessary.

**Gabapentin 10% Amitriptyline 10% Dextromethorphan 10% 240GM:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

**Decision rationale:** Pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many these agents. Gabapentin is not recommended as a compound analgesic, while Dextromethorphan is not addressed in the guidelines. Amitriptyline is a tricyclic antidepressant considered first-line agents, but there is no discussion regarding topical application of this drug. In this case, it is unclear when the patient started using this medication. His pain level was not documented. This compound contains Gabapentin and amitriptyline which are both not recommended as a topical drug. Dextromethorphan was not addressed in the guidelines. However, guideline states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore the request for Gabapentin 10% Amitriptyline 10% Dextromethorphan 10% 240 GM is not medically necessary.