

<b>Case Number:</b>	CM14-0131604		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	09/15/2000
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	08/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2014

### 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 Internal 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 injured worker is a 55-year-old female who reported an injury on 09/15/2000. The mechanism of injury was not provided. Her diagnoses included complex regional pain syndrome of the right upper extremity, complex regional pain syndrome of the left upper extremity, complex regional pain syndrome versus radiculitis of the bilateral lower extremities, myofasciitis, and mesenteric artery syndrome. The injured worker's past treatments included trigger point injections, shoulder immobilizer, and medications. The injured worker's diagnostic testing included urine toxicology screenings. There were no relevant surgeries documented. On 05/19/2014, the injured worker complained of pain. She received trigger point injections under ultrasound guidance on the date of examination. She reported that she had been taking Advil to treat her pain; however, when taking her last dose, she developed a severe itchy rash. Upon physical examination, the injured worker was noted to have good range of motion to her cervical spine with flexion and extension. There was slight residual evidence of Bell's palsy. There was pain noted to the lumbar spine, radiating into the buttock and lower extremities with straight leg raises bilaterally. Her medications included Klonopin 1 mg, Pedialyte 1 L, Pristiq ER 100 mg, Lyrica 50 mg, and Nucynta 50 mg. The request was for topical cream 210 g flurbiprofen 20%/tramadol 20% in a Mediderm base and a topical cream gabapentin 10% / amitriptyline 10% / dextromethorphan 10% in a Mediderm base. The rationale for the request was not provided. The Request for Authorization form was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Topical Cream 210gm ( Flurbiprofen 20%/ Tramadol 20% in a mediderm base): 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): pages 111-113.

**Decision rationale:** The request for topical cream 210 g (flurbiprofen 20% / tramadol 20% in a Mediderm base) is not medically necessary. The California MTUS Guidelines state that topical analgesics are largely experimental in use, with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The efficacy in clinical trials for NSAIDs has been inconsistent, and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2 week period. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder. Topical NSAIDs are not recommended for neuropathic pain, as there is no evidence to support use. Opioids have been suggested for neuropathic pain that has not responded to first line recommendations like antidepressants or anticonvulsants. There are no trials of long term use. The injured worker reported pain, however, there was no complete and thorough evaluation of her pain to include quantified current pain, the least reported pain over the period since the last assessment, intensity of pain after taking medication, and how long pain relief lasts. The documentation did not provide sufficient evidence of significant objective functional deficits. In the absence of documentation with sufficient evidence of significant objective functional deficits, a complete and thorough pain assessment, and efficacy of current medication regimen, the request is not supported at this time. Additionally, there was no documentation with evidence of failed trials of antidepressants and anticonvulsants. Therefore, the request is not medically necessary.

**Topical Cream 210gm ( Gabapentin 10%/ Amitriptyline 10%/ Dextromethorphan 10% in a mediderm base): 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:** The request for topical cream 210 g (gabapentin 10% / amitriptyline 10% / dextromethorphan 10% in a Mediderm base) is not medically necessary. The California MTUS

Guidelines state that topical analgesics are largely experimental in use, with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The guidelines do not recommend gabapentin; there is no peer reviewed literature to support its use. The injured worker reported pain, however, there was no complete and thorough evaluation of her pain to include quantified current pain, the least reported pain over the period since the last assessment, intensity of pain after taking medication, and how long pain relief lasts. The documentation did not provide sufficient evidence of significant functional deficits. In the absence of documentation with sufficient evidence of significant objective functional deficit, a complete and thorough pain assessment, and efficacy of current medication regimen, the request is not supported at this time. Additionally, there was no documentation with evidence of failed trials of antidepressants and anticonvulsants. Therefore, the request is not medically necessary. Additionally, the guidelines do not recommend the use of gabapentin in a topical analgesic. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended.