

<b>Case Number:</b>	CM14-0140748		
<b>Date Assigned:</b>	09/24/2014	<b>Date of Injury:</b>	01/27/2014
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	07/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/29/2014

### 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 New York. 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 claimant is a 47 year old male who sustained an industrial injury on 01/27/2014. The mechanism of injury was not provided for review. His diagnoses include cervical strain with radiculopathy, lumbar strain, lumbar disc herniation with radiculopathy, lumbar left transverse process fractures of L3 and L4, and bilateral shoulder pain. On physical exam there is decreased range of cervical and lumbar range of motion. There is tenderness to palpation in the paravertebral muscles of the cervical and lumbar spine. On exam of the lumbar spine straight leg raising is negative bilaterally and FABER tests are negative. There is decreased range of motion of both shoulders with bilateral positive impingement signs, negative drop-arm test and negative Speed's test bilaterally. Treatment has consisted of medical therapy including topical compounds and steroid injection therapy. The treating provider has requested compounded medications: Flurbiprofen 20%, Tramadol 20% in base, 210 grams cream and : Amitriptyline 10%, Dextromethorphan 10%, Gabapentin 10% in base, 210 grams total.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound medication: Flurbiprofen 20%, Tramadol 20% in base, 210 grams cream:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Chronic Pain

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

**Decision rationale:** There is no documentation provided necessitating use of the requested topical medication. Per California MTUS Guidelines topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, alpha-adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists,  $\gamma$  agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor) Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case Tramadol is not FDA approved for topical application and topical NSAIDs have been shown in a meta-analysis to be superior to placebo during the first two weeks of treatment for osteoarthritis but either not afterward, or with diminishing effect over another two-week period. Medical necessity for the requested item has not been established. Such as, Compound medication: Flurbiprofen 20%, Tramadol 20% in base, 210 grams cream is not medically necessary.

**Compound medication: Amitriptyline 10%, Dextromethorphan 10%, Gabapentin 10% in base, 210 grams total:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Chronic Pain

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

**Decision rationale:** There is no documentation provided necessitating use of the requested topical medication. Per California MTUS Guidelines topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, alpha-adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists,  $\gamma$  agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor) Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is no FDA indication for the use of topical Dextromethorphan for the treatment of chronic neck, shoulder, or low back pain. Medical necessity for the requested item has not been established. Such as, Compound medication: Amitriptyline 10%, Dextromethorphan 10%, Gabapentin 10% in base, 210 grams total is not medically necessary.

