

<b>Case Number:</b>	CM14-0145650		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	03/09/2011
<b>Decision Date:</b>	11/26/2014	<b>UR Denial Date:</b>	09/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2014

### 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 Occupational 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 47 year old female with a date of injury on 3/9/2011. As per the 8/14/14 report, she presented with shoulder pain, chronic pain in the left upper extremity and severe depression. The pain was rated on an average 6/10 and at worst 7/10. On exam she verbalized depressive behaviors and suicidal ideation. Left upper extremity appeared rubrous with delayed capillary refill through the dorsum of the hand with minor nail fissuring over the 2nd, 3rd, 4th and 5th digits, definite heat in the 4th and 5th digits of the left hand, allodynia to light touch with creepy crawly feeling over the plantar surface of the left forearm third way up on the ulnar radial surface, visible hypotrophy of the musculature over the forearm area, allodynia and rubrous coloring up into the shoulder joint area, some ecchymosis from injection from 7/25/14, complete internal and external rotation and forward extension of shoulder joint, and some catching, popping and grinding feelings with palpation. She had left shoulder surgery on 9/26/12. She is currently on Baclofen, Cymbalta, Divalproex, Lyrica, Gabapentin, Norco and Meloxicam. Her previous treatments have included physical therapy, rotator cuff injection to the left shoulder on 1/14/14 and cortisone injection on 7/25/14 following which she had swelling and bruising over the shoulder area. She reported continued difficulty utilizing the left upper extremity despite recent injection and medications with benefit. She was admittedly using marijuana and had a drug and alcohol abuse. The compound cream was prescribed for continued neuropathic pain of the left shoulder to provide some symptomatic relief to arm and to avoid Norco. Diagnoses include left shoulder pain status-postindustrial related Injury with possible calcification, calcinosis, and frozen shoulder, neuropathic pain of the left upper extremity consistent with chronic regional pain syndrome, and ongoing chronic depression related to pain from an industrial injury with suicidal ideation. The request for Pentoxifylline 3%, Sertraline 3%, 120gm

vials applied on prescription for 2 minutes at a time, and Compound cream (Amantadine 3% DMSO 4%, Doxepin 3%, Gabapentin 6%, Lamotrigine 2%) was denied on 9/2/14.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Pentoxifylline 3%, Sertraline 3%, 120gm vials applied QID for 2 mins at a time:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111, 113. Decision based on Non-MTUS Citation ODG Pain (updated 07/10/14) Compound drugs

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Other Medical Treatment Guidelines: Medline Plus, service of the U.S. National Library of Medicine From the National Institutes of Health National Institutes of Health, Pentoxifylline. Other Medical Treatment Guidelines: Medline Plus, service of the U.S. National Library of Medicine From the National Institutes of Health National Institutes of Health, Sertraline.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, topical analgesics are an option with specific indications; 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. Chronic Pain Medical Treatment Guidelines / American College of Occupational and Environmental Medicine Guidelines/Official Disability Guidelines do not address the issue. Per nih/medline, Pentoxifylline is used to improve blood flow in workers with circulation problems to reduce aching, cramping, and tiredness in the hands and feet. It works by decreasing the thickness (viscosity) of blood. Sertraline is used to treat depression, obsessive-compulsive disorder. Sertraline is in a class of antidepressants called selective. Pentoxifylline and Sertraline are not Food and Drug Administration approved for topical use. They are considered experimental. Furthermore, there is no research study to demonstrate their efficacy and safety. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the request is not medically necessary according to the guidelines.

**Compound cream (Amantadine 3% DMSO 4%, Doxepin 3%, Gabapentin 6%, Lamotrigine 2%):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111,113. Decision based on Non-MTUS Citation ODG Pain (updated 07/10/14) Compound drugs

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

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, topical analgesics are recommended as a treatment option as these agents are applied locally 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. There is little to no research to support the use of many of these agents. According to the Chronic Pain Medical Treatment Guidelines, Gabapentin is not recommended. There is no peer-reviewed literature to support its use. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Thus, the medical necessity of the requested compound is not established per guidelines.