

<b>Case Number:</b>	CM14-0148523		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	04/21/2014
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	08/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2014

### 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:

This is a case of a 44-year-old female who has filed a claim for left hand crush injury, left upper extremity neuropathy, left shoulder sprain/strain, and lumbar spine sprain/strain, associated with an injury date of 04/21/2014. Medical records from April 2014 to August 2014 were reviewed which showed left shoulder pain described as on and off, mild to moderate with radiation to the upper back, accompanied by numbness and tingling sensation. Pain noted to increase when lifting and when it is cold, and decreased with medications. Patient also complained of on and off left hand pain, mild to moderate, with no radiation, accompanied by numbness and tingling sensation, and increased when grabbing and grasping and decreased with medication. Likewise, patient complained of constant low back pain radiating to entire back, increased with bending and decreased with medications. Physical examination of the thoracolumbar spine from latest progress notes dated 08/11/2014 showed tenderness to palpation with spasms of the paraspinals bilateral and left quadratus lumborum, tenderness to palpation of the left sacroiliac, with decreased range of motion; positive sitting root test. Strength was 2/5; sensation from L1 through S1 intact. Physical examination of left shoulder showed tenderness to palpation with spasms of the left upper trapezius, left acromioclavicular, and glenohumeral joints, with decreased range of motion; positive impingement, apprehension sign, and empty can's test. Strength was 2/5. Physical examination of left hand showed tenderness to palpation of left carpal bones and wrist joint, with full range of motion; positive Phalen's test, negative Carpal and Tinel's. Strength was 2/5. MRI of lumbar spine dated 07/31/2014 showed straightening of the lumbar spine; spinal canal and neural foramina were patent at all levels. Treatment to date has included acupuncture, chiropractic care, and medications: Biofreeze (since April 2014), Ibuprofen (since April 2014), Nabumetone and transdermal compounds (since July 2014). Utilization review dated 08/22/2014 denied the request for 1 container of Gabapentin 10%, Lidocaine 5%, Tramadol 15% 180 grams,

1 container of compounded Cyclobenzaprine 2%, Tramadol 10%, Flurbiprofen 20% 180 grams, and 1 container of Capsaicin 0.025%, Flurbiprofen 20%, Tramadol 15%, Menthol 2%, Camphor 2% 180 grams since guidelines do not support use of compounded products.

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

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

#### **1 Container of Gabapentin 10%, Lidocaine 5%, Tramadol 15% 180 grams: 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 rationale:** According to pages 111-113 of the CA MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. The use of gabapentin in a topical formulation is not supported as there is no peer-review to support its use. Guidelines also state that no other commercially approved topical formulations of lidocaine, other than lidocaine dermal patch, are approved for neuropathic pain. Topical formulations of lidocaine (whether lotions, creams, or gels) are not indicated for neuropathic and non-neuropathic pain complaints. CA MTUS does not support the use of opioid medications in topical formulation. The guideline states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, the patient has been complaining of chronic left hand, left shoulder, and lumbar pain. Medical records provided cited that patient reported decreased pain with medications. There was no documentation of failed treatment with first-line agents. Transdermal compounds were requested last July 2014 however the specific transdermal medications, frequency, body part where medication should be applied were not specified. Moreover, the components of this compounded medication, gabapentin 10%, lidocaine 5%, and tramadol 15% are all not recommended for topical use. Therefore the request for 1 container of Gabapentin 10%, Lidocaine 5%, Tramadol 15% 180 Grams is not medically necessary.

#### **1 Container Of Compounded Cyclobenzaprine 2%, Tramadol 10%, Flurbiprofen 20% 180 Grams: 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 rationale:** According to pages 111-113 of the CA MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. CA MTUS does not support the use of opioid medications in topical formulation. With regards to flurbiprofen, the only recommended topical

NSAID formulation is diclofenac, for osteoarthritis. Also, there is no evidence to support the use of topical cyclobenzaprine, and its addition to other agents is not recommended. The guideline states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, the patient has been complaining of chronic left hand, left shoulder, and lumbar pain. Medical records provided cited that patient reported decreased pain with medications. There was no documentation of failed treatment with first-line agents. Transdermal compounds were requested last July 2014 however the specific transdermal medications, frequency, body part where medication should be applied were not specified. Moreover the components of this compounded product, cyclobenzaprine 2%, tramadol 10%, and flurbiprofen 20% are all not recommended for topical use. Therefore 1 Container Of Compounded Cyclobenzaprine 2%, Tramadol 10%, Flurbiprofen 20% 180 GRAMS is not medically necessary.

**1 Container Of Capsaicin 0.025%, Flurbiprofen 20%, Tramadol 15%, Menthol 2%, Camphor 2% 180 Grams: 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 Capsaicin; Topical Analgesics Page(s): 28-29; 111-113.

**Decision rationale:** According to pages 111-113 of the CA MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. CA MTUS indicate that topical capsaicin is recommended only as an option in patient who are intolerant or has not responded to other treatment options. CA MTUS Chronic Pain Medical Treatment Guidelines identifies on page 28 that topical Capsaicin is only recommended as an option if there was failure to respond or intolerance to other treatments. The guideline states there is no current indication that an increase over a 0.025% formulation of capsaicin would provide any further efficacy. CA MTUS does not support the use of opioid medications in topical formulation. With regards to flurbiprofen, the only recommended topical NSAID formulation is diclofenac, for osteoarthritis. Regarding the Menthol component, CA MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. CA MTUS and ODG do not support camphor. The guideline states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, the patient has been complaining of chronic left hand, left shoulder, and lumbar pain. Medical records provided cited that patient reported decreased pain with medications. There was no documentation of failed treatment with first-line agents. Transdermal compounds were requested last July 2014 however the specific transdermal medications, frequency, body part where medication should be applied were not specified. Moreover, flurbiprofen and tramadol are not recommended for topical use. Therefore the request for 1 Container Of Capsaicin 0.025%, Flurbiprofen 20%, Tramadol 15%, Menthol 2%, Camphor 2% 180 Grams, is not medically necessary.