

<b>Case Number:</b>	CM14-0179113		
<b>Date Assigned:</b>	11/03/2014	<b>Date of Injury:</b>	04/13/2001
<b>Decision Date:</b>	12/15/2014	<b>UR Denial Date:</b>	10/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 53-year-old female who has submitted a claim for status post right shoulder surgery, cervical facet arthropathy, cervicogenic headache, and right shoulder impingement syndrome associated with an industrial injury date of 4/13/2001. Medical records from 2014 were reviewed. The patient complained of neck pain and right shoulder pain rated 10/10 in severity. The pain was associated with numbness, burning and tingling sensation. Aggravating factors included lifting and overhead reaching. Physical examination of the cervical spine showed restricted motion, tenderness, and allodynia. Range of motion was likewise restricted at the right shoulder. Neer's test was positive. Treatment to date has included right shoulder surgery, physical therapy, and medications such as acetaminophen and topical creams. The utilization review from 10/13/2014 denied the requests for compounded Baclofen / Cyclobenzaprine / Dexametha / Dimethyl / Diclofe #240 (30 day supply) with four refills and compounded Ketamine / Gabapentin / Lido / Pril / Diclofena / Amitri #240 (30 day supply) because of limited published studies concerning its efficacy and safety.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compounded Baclofen / Cyclobenzaprine / Dexametha / Dimethyl / Diclofe #240 (30 day supply) with four refills:** 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:** As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. Baclofen in a topical formulation is not supported by the guidelines. Cyclobenzaprine is not recommended for use as a topical analgesic. Topical NSAIDs formulation is only supported for Diclofenac in the California MTUS. Regarding topical dexamethasone, CA MTUS does not cite specific provisions for use in chronic pain. CA MTUS is silent concerning dimethyl. In this case, topical cream is prescribed as adjuvant therapy to oral medications. However, the prescribed medication contains baclofen and cyclobenzaprine, which are not recommended for topical use. Guidelines state that any compounded product that contains a drug class, which is not recommended, is not recommended. Therefore, the request for compounded Baclofen / Cyclobenzaprine / Dexametha / Dimethyl / Diclofe #240 (30 day supply) with four refills is not medically necessary.

**Compounded Ketamine / Gabapentin / Lido / Pril / Diclofena / Amitri #240 (30 day supply):** 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:** As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. Ketamine is only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. CA MTUS does not support the use of opioid medications and gabapentin in a topical formulation. Topical formulations of lidocaine (whether creams, lotions or gels) are not indicated for neuropathic or non-neuropathic pain complaints. Amitriptyline is a tricyclic antidepressant considered first-line agents, but there is no discussion regarding topical application of this drug. Topical NSAIDs formulation is only supported for Diclofenac in the California MTUS. In this case, topical cream is prescribed as adjuvant therapy to oral medications. However, the prescribed medication contains gabapentin, lidocaine, and amitriptyline, which are not recommended for topical use. Guidelines state that any compounded product that contains a drug class, which is not recommended, is not recommended. Therefore, the request for compounded Ketamine / Gabapentin / Lido / Pril / Diclofena / Amitri #240 (30 day supply) is not medically necessary.