

<b>Case Number:</b>	CM13-0067076		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	03/16/2012
<b>Decision Date:</b>	05/15/2015	<b>UR Denial Date:</b>	12/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2013

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 who sustained an industrial injury on 3/16/12. She has reported initial complaints of cervical spine, right shoulder, right wrist, hand and thumb from repetitive work as a cook. The diagnoses have included right hand strain/sprain, right shoulder sprain/strain, right shoulder impingement syndrome, cervical degenerative disc disease (DDD), internal derangement of right wrist and right trigger thumb. Treatment to date has included medications, diagnostics, and activity modifications. There were no other noted treatments. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the cervical spine and right hand, electromyography (EMG) and NCS of the bilateral upper extremities, and Magnetic Resonance Arthrogram (MRA) of the right shoulder. As per the physician progress note evaluation dated 1/7/13, the injured worker complains of intermittent cervical throbbing pain that radiates to the right shoulder. She also reports right wrist and hand throbbing pain and right thumb triggering. Physical exam revealed tenderness in the neck and right shoulder and decreased cervical, bilateral shoulders, right wrist, and hand and thumb range of motion. The shoulder orthopedic tests were positive on the right. The physician requested treatments included GABAPENTIN 10%, CYCLOBENZAPRINE 6%, TRAMADOL 10% 180GMS (DOS: 08/06/2013) and FLURBIPROFEN POWDER, LIDOCAINE HCL POWDER, AMITRIPTYLIN HCL POWDER, 180GM, DOS: 08/06/2013) for pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**GABAPENTIN 10%, CYCLOBENZAPRINE 6%, TRAMADOL 10% 180GMS (DOS: 08/06/2013): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 111 of 127.

**Decision rationale:** This claimant was injured about three years ago allegedly from repetitive work. There was intermittent throbbing cervical pain. There was right wrist and hand throbbing pain, and right thumb triggering. Shoulder orthopedic tests were positive. Per the Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 111 of 127, the MTUS notes topical analgesic compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Experimental treatments should not be used for claimant medical care. MTUS notes they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed, but in this case, it is not clear what primary medicines had been tried and failed. Also, there is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended, is not certifiable. This compounded medicine contains several medicines untested in the peer review literature for effectiveness of use topically. Moreover, the MTUS notes that 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 provider did not describe each of the agents, and how they would be useful in this claimant's case for specific goals. This topical medicine is reportedly for pain. There is no mention however of problems with oral medicines, and why compounded topicals are preferred. The request is not medically necessary.

**FLURBIPROFEN POWDER, LIDOCAINE HCL POWDER, AMITRIPTYLIN HCL POWDER, 180GM, DOS: 08/06/2013): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 111 of 127.

**Decision rationale:** This claimant was injured about three years ago allegedly from repetitive work. There was intermittent throbbing cervical pain. There was right wrist and hand throbbing pain, and right thumb triggering. Shoulder orthopedic tests were positive. Per the Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 111 of 127, the MTUS notes topical analgesic compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Experimental treatments should not be used for claimant medical care. MTUS notes they are primarily recommended for

neuropathic pain when trials of antidepressants and anticonvulsants have failed, but in this case, it is not clear what primary medicines had been tried and failed. Also, there is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended, is not certifiable. This compounded medicine contains several medicines untested in the peer review literature for effectiveness of use topically. Moreover, the MTUS notes that 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 provider did not describe each of the agents, and how they would be useful in this claimant's case for specific goals. There is no mention however of problems with oral medicines, and why compounded topicals are preferred. The request is not medically necessary.