

<b>Case Number:</b>	CM15-0112097		
<b>Date Assigned:</b>	06/18/2015	<b>Date of Injury:</b>	12/20/2012
<b>Decision Date:</b>	07/20/2015	<b>UR Denial Date:</b>	05/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/10/2015

### 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: California

Certification(s)/Specialty: Family Practice

### 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 49 year old male, who sustained an industrial injury on December 20, 2012 while working as a baker. The mechanism of injury was a slip and fall on ice. The injured worker has been treated for neck, back, right hand, thumb and shoulder complaints. The diagnoses have included chronic neck syndrome, cervical spine sprain/strain, cervical intervertebral disc syndrome, right shoulder rotator cuff tear, right shoulder pain, low back pain, lumbar spine herniated nucleus pulposus, thoracic spine sprain/strain, contusion of the finger, wrist sprain/strain, myofascial pain syndrome and moderate anxiety and depression. Treatment to date has included medications, radiological studies, MRI, extracorporeal shockwave treatment, physical therapy, chiropractic treatments, injections, psychological evaluations and transcranial magnetic stimulation treatments. Current documentation dated February 9, 2015 notes that the injured worker underwent a psychological evaluation for ongoing neck, low back and right shoulder complaints. The injured worker has been treated for moderate depression. Topical analgesic was prescribed in order to minimize possible neurovascular complications and to avoid complications associated with the use of narcotic medications, as well as upper gastrointestinal bleeding from non-steroidal anti-inflammatory drugs. The treating physician's plan of care included a request for Cyclobenzaprine 2%, Gabapentin 15%, Amitriptyline 10% 180 gm (date of service 3/4/2015) and Flurbiprofen 25% 180 gm (date of service 3/4/2015).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Topical cream (Cyclobenzaprine 2%, Gabapentin 15%, Amitriptyline 10%) 180gm (DOS: 3/4/2015): Upheld**

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

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

**Decision rationale:** The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of topical analgesics, including the components of this compounded cream. These guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anti-convulsants have failed. 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 recommended. Regarding one component of this compounded cream, gabapentin, the MTUS guidelines state the following: Gabapentin: Not recommended. There is no peer-reviewed literature to support use. In this case, given that gabapentin is not recommended, therefore the requested compounded cream containing cyclobenzaprine, gabapentin and amitriptyline is not recommended and not medically necessary.

**Topical cream (Flurbiprofen 25%) 180gm (DOS: 3/4/2015): Upheld**

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

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

**Decision rationale:** The MTUS/Chronic Pain Medical Treatment guidelines comment on the use of topical analgesics including topical NSAIDs such as Flurbiprofen. Topical analgesics are considered as largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anti-convulsants have failed. 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 recommended. Regarding the use of topical NSAIDs, the MTUS guidelines state the following: Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. In this case, there is insufficient documentation in support of the use of a topical NSAID. It is unclear whether topical flurbiprofen is intended to treat neuropathic symptoms. If so, there is insufficient documentation that the patient has received adequate trials of first line agents. Further, as noted in the above cited guidelines, topical NSAIDs efficacy is directed towards the short-term treatment of osteoarthritis. There is

insufficient documentation in support of the use of flurbiprofen as a short-term measure for osteoarthritis. For these reasons, topical flurbiprofen is not medically necessary.