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| Case Number: | CM15-0113028 | | |
| Date Assigned: | 06/19/2015 | Date of Injury: | 10/15/2013 |
| Decision Date: | 08/31/2015 | UR Denial Date: | 06/04/2015 |
| Priority: | Standard | Application Received: | 06/11/2015 |

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: New York, Tennessee
 Certification(s)/Specialty: Emergency 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 28 year old male who sustained an industrial injury on 10-15-2013. He developed pain while at work in the neck, right shoulder, and low back while lifting heavy batteries for cars and buses. He has reported pain in the cervical and lumbar spine and has been diagnosed with cervical spine musculoligamentous injury, lumbar spine musculoligamentous injury, and bilateral shoulder tendinitis. Treatment has included medications, medical imaging, physical therapy, and TENS. There was tenderness and spasm noted upon palpation of the cervical spine. Range of motion of the cervical spine was limited. There was tenderness and spasm noted upon palpation of the lumbar spine. Range of motion was limited. There was tenderness noted upon palpation of the bilateral shoulders. Range of motion was limited. The treatment plan included medications, topical medications, and follow up. The treatment request included topical medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amitriptyline HCL 10 Percent, Gabapentin 10 Percent, Bupivacaine HCL 5 Percent, Hyaluronic Acid .2 Percent in a Cream Base 180 Gram: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 13-15, 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, Hyaluronic Acid and Other Medical Treatment Guidelines UpToDate: Bupivacaine: Drug information.

Decision rationale: This medication is a compounded topical analgesic containing amitriptyline, gabapentin, bupivacaine, and hyaluronic acid. Topical analgesics are recommended for neuropathic pain when anticonvulsants and antidepressants have failed. Compounded topical analgesics are commonly prescribed and there is little to no research to support the use of these compounds. Furthermore, the guidelines state that "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Amitriptyline is a tricyclic antidepressant. Tricyclics are generally considered a first-line agent for neuropathic pain, unless they are ineffective, poorly tolerated, or contraindicated. Indications in controlled trials have shown effectiveness in treating central post-stroke pain, post-herpetic neuralgia, painful diabetic and non-diabetic polyneuropathy, and post-mastectomy pain. Negative results were found for spinal cord pain and phantom-limb pain, but this may have been due to study design. Tricyclics have not demonstrated significance in randomized-control trials in treating HIV neuropathy, spinal cord injury, cisplatin neuropathy, neuropathic cancer pain, phantom limb pain or chronic lumbar root pain. Caution is required because tricyclics have a low threshold for toxicity, and tricyclic antidepressant overdose is a significant cause of fatal drug poisoning due to their cardiovascular and neurological effects. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. It is not recommended as a topical preparation. Gabapentin is not recommended. There is no peer-reviewed literature to support use. Bupivacaine is a local anesthetic used in nerve blocks and spinal anesthesia. It is not recommended as a topical preparation. Hyaluronic acid is recommended as an injection for severe osteoarthritis of the knees. It is not recommended as a topical medication. This medication contains drugs that are not recommended. Therefore the medication cannot be recommended. The request should not be authorized.

Flurbiprofen 20 Percent/Baclofen 10 Percent/Dexamethasone Micro .2 Percent/Menthol 2 Percent/Hyaluronic Acid .2 Percent in A Cream Base 180 Gram: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, Hyaluronic Acid and Other Medical Treatment Guidelines UpToDate: Dexamethasone, Drug Information UpToDate: Camphor and menthol: Drug information.

Decision rationale: This medication is a compounded topical analgesic containing flurbiprofen, dexamethasone, menthol, and hyaluronic acid. Topical analgesics are recommended for

neuropathic pain when anticonvulsants and antidepressants have failed. Compounded topical analgesics are commonly prescribed and there is little to no research to support the use of these compounds. Furthermore, the guidelines state that "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Flurbiprofen is a non-steroidal anti-inflammatory drug (NSAID). Flurbiprofen is recommended as an oral agent for the treatment of osteoarthritis and the treatment of mild to moderate pain. It is not recommended as a topical preparation. Dexamethasone is a steroid medication for anti-inflammatory effects. It is used orally and parenterally or as an ophthalmic topical preparation. It is not recommended as a topical dermal preparation. Camphor and menthol are topical skin products that available over the counter and used for the relief of dry itchy skin. Hyaluronic acid is recommended as an injection for severe osteoarthritis of the knees. It is not recommended as a topical medication. This medication contains drugs that are not recommended. Therefore the medication cannot be recommended. The request should not be authorized.