

<b>Case Number:</b>	CM15-0114668		
<b>Date Assigned:</b>	06/25/2015	<b>Date of Injury:</b>	03/23/2015
<b>Decision Date:</b>	07/24/2015	<b>UR Denial Date:</b>	05/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/15/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 40 year old female, who sustained an industrial injury on 3/23/15. The injured worker has complaints of neck pain with radiating into the bilateral upper extremity and complaints of middle and low back pain with pain radiating into the left lower extremity. The documentation noted that there is tenderness to palpation of the cervical paravertebral muscles and there is muscle spasm of the cervical paravertebral muscles. There is tenderness to palpation of the lumbar paravertebral muscles and muscle spasm of the lumbar paravertebral muscles. There is tenderness to palpation of the anterior shoulder and muscle spasms of the lateral shoulder. The diagnoses have included headache; cervical muscle spasm; cervical; sprain/strain; thoracic muscle spasm and thoracic musculoligamentous injury and lumbar myospasm. Treatment to date has included magnetic resonance imaging (MRI) of the thoracic spine on 5/24/15 showed straightening of the normal thoracic kyphotic curvature, decreased disc height at T9-T10; flexeril; vicodin and topiramate. The request was for flurbiprofen 20%, baclofen 5%, camphor 2%, methol 2%, dexamethasone micro 0.2%, capsaicin 0.025%, hyaluronic Acid 0.2% in a cream base 240gm and amitriptyline HCL 105, gabapentin 10%, bupivacaine HCL 5%, hyaluronic acid 0.2% in a cream base 240gm.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen 20%, Baclofen 5%, Camphor 2%, Menthol 2%, Dexamethasone Micro 0.2%, Capsaicin 0.025%, Hyaluronic Acid 0.2% in a cream base 240gm: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Flurbiprofen 20%, Baclofen 5%, camphor 2%, menthol 2%, dexamethasone micro 0.2%, capsaicin 0.025%, hyaluronic acid 0.2% in cream base #240 g is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Other than Lidoderm, no other commercially approved topical formulation of lidocaine whether cream, lotions or gels are indicated for neuropathic pain. In this case, the injured worker's working diagnoses are headache; cervical muscle spasm; cervical sprain strain; thoracic muscle spasm; thoracic musculoligamentous injury; lumbar myo- spasm; lumbar sprain strain; right shoulder bursitis; left shoulder bursitis; right wrist sprain strain; right knee chondromalacia; right knee internal derangement; left knee chondromalacia; and left knee internal derangement. The injured worker has multiple subjective complaints involving the head, cervical spine, thoracic spine, lumbar spine, right and left shoulder, right wrist, right knee and left knee. The treatment plan does not state the location for application of the topical analgesic. Additionally, there are no progress notes documenting failed first-line treatment with antidepressants and anticonvulsants. Flurbiprofen is not FDA approved for topical use. Baclofen is not recommended. Any compounded product that contains at least one drug (Flurbiprofen and baclofen) that is not recommended is not recommended. Consequently, Flurbiprofen 20%, Baclofen 5%, camphor 2%, menthol 2%, dexamethasone micro 0.2%, capsaicin 0.025%, hyaluronic acid 0.2% in cream base #240 g is not recommended. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, Flurbiprofen 20%, Baclofen 5%, camphor 2%, menthol 2%, dexamethasone micro 0.2%, capsaicin 0.025%, hyaluronic acid 0.2% in cream base #240 g is not medically necessary.

**Amitriptyline HCL 105, Gabapentin 10%, Bupivacaine HCL 5%, Hyaluronic Acid 0.2% in a cream base 240gm: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, amitriptyline HCL 105, gabapentin 10%, bupivacaine HCL 5%, hyaluronic acid 0.2% in cream base #240 g is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Other than Lidoderm, no other commercially approved topical formulation of lidocaine whether cream, lotions or gels are indicated for neuropathic pain. In this case, the injured worker's working diagnoses are headache; cervical muscle spasm; cervical sprain strain; thoracic muscle spasm; thoracic musculoligamentous injury; lumbar myospasm; lumbar sprain strain; right shoulder bursitis; left shoulder bursitis; right wrist sprain strain; right knee chondromalacia; right knee internal derangement; left knee chondromalacia; and left knee internal derangement. The injured worker has multiple subjective complaints involving the head, cervical spine, thoracic spine, lumbar spine, right and left shoulder, right wrist, right knee and left knee. The treatment plan does not state the location for application of the topical analgesic. Topical gabapentin is not recommended. Any compounded product that contains at least one drug (gabapentin) that is not recommended is not recommended. Consequently, amitriptyline HCL 105, gabapentin 10%, bupivacaine HCL 5%, hyaluronic acid 0.2% in cream base #240 g is not recommended. Based on the clinical information in the medical record and peer-reviewed evidence-based guidelines, amitriptyline HCL 105, gabapentin 10%, bupivacaine HCL 5%, hyaluronic acid 0.2% in cream base #240 g is not medically necessary.