

<b>Case Number:</b>	CM15-0118414		
<b>Date Assigned:</b>	06/26/2015	<b>Date of Injury:</b>	10/07/2013
<b>Decision Date:</b>	09/01/2015	<b>UR Denial Date:</b>	06/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2015

### 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  
 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 50-year-old female who sustained an industrial injury on 10/07/2013 resulting in pain/injury to the left jaw followed by pain to the left shoulder and low back. Treatment provided to date has included: physical therapy, acupuncture, chiropractic treatments, medications, and conservative therapies/care. Diagnostic tests performed include: MRI of the left wrist (01/2015) showing a possible TFCC (triangular fibrocartilage complex) tear, possible scapholunate ligament partial tear, and ganglion cyst dorsal to the lunate bone; MRI of the left elbow (01/2015) revealing evidence of lateral and medial epicondylitis; MRI of the cervical spine (01/2015) showing multilevel disc desiccation, straightening of the cervical lordosis, multilevel focal central disc herniation resulting in stenosis of the spinal canal, and broad-based disc herniation at C5-6; MRI of the left shoulder (01/2015) showing flat lateral down-sloping of the acromion, osteoarthritis of the acromioclavicular joint, partial thickness tear of the supraspinatus, tendinosis of the infraspinatus, effusion in the synovium, subacromial/subdeltoid bursitis, and subcortical cyst in the humeral head; MRI of the brain (12/2014) showing no significant findings; pulmonary stress test; and sleep study. There were no noted comorbidities or other dates of injury noted. On 05/28/2015, physician progress report noted complaints of pain to the cervical spine and left shoulder. The pain was rated 8/10 in severity, and was described as constant, severe and sharp with numbness radiating into the left arm. Additional complaints included left elbow pain that was described as constant, severe and sharp with stiffness and heaviness radiating into the left hand. The left elbow pain was rated 8/10. The left shoulder and elbow pain was reported to be aggravated by cold weather, movement and lifting of 10 pounds.

All pain was reported to be relieved with medication and massage. Current medications include tramadol for chronic pain, pantoprazole for stomach protection, and diclofenac sodium for pain and inflammation. The physical exam revealed restricted range of motion (ROM) in the cervical spine with tenderness and muscle spasms upon palpation of the cervical paravertebral muscles; tenderness upon palpation of the anterior and posterior regions of the left shoulder, and left scapula, supraspinatus and trapezius; normal ROM in the left elbow with tenderness to palpation of the anterior, lateral, medial and posterior regions of the left elbow. The provider noted diagnoses of cervical strain/sprain, left shoulder impingement syndrome, and left elbow strain/sprain. Plan of care includes continued oral medications and topical creams (2) to decrease pain and inflammation, and a urinalysis. The injured worker's work status was not specified on this report or on the other recent progress reports. The request for authorization and IMR (independent medical review) includes: gabapentin 10%, amitriptyline 10% and bupivacaine 5% in cream base 240gm; and flurbiprofen 20%, baclofen 5%, dexamethasone 2%, menthol 2%, camphor 2% and capsaicin 0.025% in cream base.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Gabapentin 10%/Amitriptyline 10%/Bupivacaine 5% in cream base 240 grams:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Topical Analgesics.

**Decision rationale:** In regards to the topical cream consisting of gabapentin 10%, amitriptyline 10% and bupivacaine 5%, the CA MTUS states "Topical Analgesic 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 anticonvulsants 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." The MTUS goes on to specify that gabapentin is "not" recommended, as there is no peer-reviewed literature to support its use. Therefore, the topical analgesic cream consisting of gabapentin is not medically necessary.

**Flurbiprofen 20%/Baclofen 5%/Dexamethasone 2%/Menthol 2%/Camphor 2%/Capsaicin 0.025% in cream base, 240 grams:** Upheld

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

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

**Decision rationale:** CA MTUS chronic pain guidelines, topical analgesics are "largely experimental in use with few randomized controlled trials to determine efficacy or safety." Guidelines also state, "Many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug that is not recommended is not recommended." One of the included compounds in the requested medication is Baclofen. CA MTUS guidelines states that Baclofen is not recommended, as there is no peer-reviewed literature to support its use. Additionally, the request does not include dosing frequency or duration. The request for this compounded topical medication is not medically necessary.