

<b>Case Number:</b>	CM15-0123575		
<b>Date Assigned:</b>	07/08/2015	<b>Date of Injury:</b>	11/29/2013
<b>Decision Date:</b>	09/04/2015	<b>UR Denial Date:</b>	06/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2015

### 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 61-year-old female with a reported date of injury of 11/29/2013. The mechanism of injury was not indicated in the medical records provided for review. The injured worker's symptoms at the time of the injury were not indicated. The diagnoses include left elbow pain, chronic pain syndrome, left elbow strain, and contusion of left ribcage. Treatments and evaluation to date have included topical pain medications and physical therapy. The diagnostic studies to date have included an MRI of the chest on 04/08/2015 with unremarkable findings; x-rays of the rib cage on 04/08/2015 which showed multiple scattered subcentimeter nodularities; an MRI of the left elbow on 12/16/2014 which showed a strain of the flexor pronator group; and electrodiagnostic studies with normal findings. The progress report dated 05/21/2015 is handwritten and somewhat illegible. The report indicates that the injured worker felt like something was sticking in her left ribcage. The left elbow was still swollen, but not painful. The objective findings were documented as "patient unchanged." The treatment plan included follow-up in eight weeks, and creams provided. The progress report dated 04/22/2015 indicates that the injured worker was advised to stay off work for six weeks. Her work status was documented as temporary total disabled. There is documentation that the injured worker had a history of chest pain, rib pain, and left elbow pain. The treating physician requested compounded medication: Cyclobenzaprine, Lidocaine, Versapro base; compounded medication: Gabapentin, Amitriptyline, Capsaicin, Versapro base; and compounded medication: Flurbiprofen, Lidocaine, Versapro base.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine, lidocaine, versapro base:** Upheld

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

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

**Decision rationale:** The CA MTUS Chronic Pain Guidelines indicate that topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There was no evidence of a trial of an antidepressant or anticonvulsant as first-line therapy. The medication is a combination of Cyclobenzaprine and Lidocaine. The frequency, dosage, and site of application were not specified. Cyclobenzaprine is a muscle relaxant. The guidelines indicate that there is no evidence for the use of muscle relaxant as a topical product. The guidelines also state that topical lidocaine, only in the form of the Lidoderm patch, is indicated for neuropathic pain. Topical lidocaine other than Lidoderm is not recommended per the MTUS. The form of lidocaine requested in this case is not Lidoderm. According to the guidelines, "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." None of the medications in this compounded topical product are recommended by the guidelines. The request does not meet guideline recommendations. Therefore, the request for Cyclobenzaprine/Lidocaine Versapro base cream is not medically necessary.

**Gabapentin, amitriptyline, capsaicin, versapro base:** Upheld

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

**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 Gabapentin. MTUS guidelines states that gabapentin is not recommended as there is no peer-reviewed literature to support its use. Additionally, the request does not include dosing frequency, location of application, or duration. The request is not medically necessary.

**Flurbiprofen, lidocaine, versapro base:** Upheld

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

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

**Decision rationale:** The CA MTUS Chronic Pain Guidelines indicate that topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There was no evidence of neuropathic pain or of a trial of an antidepressant or anticonvulsant as first-line therapy. The compounded medication contains Flurbiprofen, a non-steroidal anti-inflammatory agent (NSAID), and Lidocaine. MTUS indicates that topical NSAIDs may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to use topical NSAIDs for the treatment of osteoarthritis of the spine, hip, or shoulder. The frequency, dosage, and site of application were not specified. Note that topical Flurbiprofen is not FDA approved, and is therefore experimental and cannot be presumed as safe and efficacious. Non-FDA approved medications are not medically necessary. The only FDA-approved topical NSAIDs are diclofenac formulations. All other topical NSAIDs are not FDA approved. The guidelines state that topical lidocaine, only in the form of the Lidoderm patch, is indicated for neuropathic pain. Topical lidocaine other than Lidoderm is not recommended per the MTUS. The form of lidocaine requested in this case is not Lidoderm. According to the guidelines, "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." None of the medications in this compounded topical product are recommended by the guidelines. The request does not meet guideline recommendations. Therefore, the request for Flurbiprofen/Lidocaine Versapro base cream is not medically necessary.