

<b>Case Number:</b>	CM15-0125713		
<b>Date Assigned:</b>	07/10/2015	<b>Date of Injury:</b>	02/17/2015
<b>Decision Date:</b>	09/09/2015	<b>UR Denial Date:</b>	06/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/29/2015

### 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: Anesthesiology

### 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 26 year old, male who sustained a work related injury on 2/17/15. The diagnoses have included left hand crush injury and fracture of left fourth finger. Treatments have included medications and left fourth finger splinting. In the PR-2 dated 5/7/15, the injured worker complains of constant, moderate, sharp left hand pain. He has stiffness, weakness and cramping of left hand. He rates his pain level a 7/10. His left hand range of motion is decreased and painful. There is no documentation of working status. The treatment plan includes dispensing of two topical creams.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 13,111-113.

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

**Decision rationale:** According to the California MTUS Guidelines, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control including, for example, NSAIDs, opioids, capsaicin, muscle relaxants, local anesthetics or antidepressants. In this case, the topical compound contains Flurbiprofen, Baclofen, Dexamethasone, Menthol, Camphor, and Capsaicin Flurbiprofen, used as a topical NSAID, has been shown in a meta-analysis to be superior to placebo during the first two weeks of treatment for osteoarthritis but either, not afterward, or with diminishing effect over another two-week period. There are no clinical studies to support the safety or effectiveness of Flurbiprofen in a topical delivery system (excluding ophthalmic). Baclofen is not [REDACTED] approved for topical use and MTUS states that Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Medical necessity for the requested topical analgesic cream has not been established. The requested topical compound is not medically necessary.

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 13,111-113.

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

**Decision rationale:** Per CA MTUS guidelines, although recommended as an option, topical analgesics are used primarily for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Furthermore, they are largely experimental. "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." "There is no evidence for use of any other muscle relaxant as a topical product. Gabapentin is not recommended. There is no peer-reviewed literature to support use." No information available for the use of Amitriptyline and Bupivacaine in an analgesic cream. Since there are medications not recommended in this requested topical analgesic cream, the requested treatment of medicated cream GCB consisting of Gabapentin, Amitriptyline and Bupivacaine is not medically necessary.