

<b>Case Number:</b>	CM15-0128089		
<b>Date Assigned:</b>	07/14/2015	<b>Date of Injury:</b>	12/22/2003
<b>Decision Date:</b>	08/11/2015	<b>UR Denial Date:</b>	06/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2015

### 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

Certification(s)/Specialty: Preventive Medicine, Occupational 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 64 year old female patient who sustained an industrial injury on 12/22/2003. The accident was described as while working regular duty carrying sheets her legs got caught up in the material causing her to fall to the ground landing on her right knee. She was with subjective complaint of having lumbar spine, left shoulder, right knee pains. The initial treating diagnoses were: sprain/strain right knee; impingement syndrome, and lumbago. She was put on temporary totally disability. A recent primary treating office visit dated 05/19/2015 reported the patient with subjective complaint of having frequent minimal dull right knee pain associated with repetitive pushing, pulling movements and relief offered by medication and rest. There is note of reaching maximum medical improvement of the lumbar spine on this date. There is also note of a positive Mc Murray's on the right. The following diagnoses were applied: lumbar pain, left rotator cuff tear; left shoulder pain; right knee meniscus tear, and right knee pain. Current medications are: Naproxen, Pantoprazole, Gabapentin, topical compound cream and Flexeril. There is recommendation for a right knee brace, pending orthopedic evaluation for left shoulder and follow up visit. The patient is prescribed modified work duty. Previous treatment modality to include: activity modification, medication, and acupuncture sessions.

### 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%, Capsaicin 0.25, 180mg, #1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111, 112-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Capsaicin Section, NSAIDs Section, Topical Analgesics Section, Muscle Relaxants (for pain) Section Page(s): 28, 67-73, 111-113.

**Decision rationale:** The MTUS Guidelines recommend the use of topical analgesics as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Topical capsaicin is recommended by the MTUS Guidelines only as an option in patients who have not responded or are intolerant to other treatments. There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain. Topical NSAIDs, have been shown to be superior to placebo for 4-12 weeks for osteoarthritis of the knee. The injured worker's pain is not described as pain from osteoarthritis. Topical flurbiprofen is not an FDA approved formulation. The MTUS Guidelines state that there is no evidence for use of muscle relaxants, such as baclofen, as a topical product. As at least one of the medications in the requested compounded medication is not recommended by the established guidelines, the request for Flurbiprofen 20%, Baclofen 5%, Dexamethasone 2%, Capsaicin 0.25, 180mg, #1 is determined to not be medically necessary.

**Gabapentin 10%, Amitriptyline 10%, Bupivacaine 5%, 180mg, #1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111, 112-113.

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

**Decision rationale:** The MTUS Guidelines recommend the use of topical analgesics as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The MTUS Guidelines do not recommend the use of topical gabapentin as there is no peer-reviewed literature to support use. Amitriptyline is a tricyclic antidepressant that shares some properties of muscle relaxants. The MTUS Guidelines and ODG do not address the use of amitriptyline or other antidepressants as topical agents for pain, however, the MTUS Guidelines specifically reports that there is no evidence to support the use of topical formulations of muscle relaxants. As at least one of the medications in the requested compounded medication is not recommended by the established guidelines, the request for Gabapentin 10%, Amitriptyline 10%, Bupivacaine 5%, 180mg, #1 is determined to not be medically necessary.