

<b>Case Number:</b>	CM15-0166586		
<b>Date Assigned:</b>	09/28/2015	<b>Date of Injury:</b>	02/04/1999
<b>Decision Date:</b>	11/02/2015	<b>UR Denial Date:</b>	08/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2015

### 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: Physical Medicine & Rehabilitation

### 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 53-year-old female, with a reported date of injury of 02-04-1999. The diagnoses include headache, cervical muscle spasm, cervical sprain and strain, lumbar disc protrusion, lumbar myospasm, lumbar radiculopathy, lumbar sprain and strain, left shoulder bursitis, and status post left shoulder surgery. Treatments and evaluation to date have included lumbar epidural steroid injections (temporary relief), physical therapy, chiropractic treatments, left shoulder surgery on 06-26-2010, Oxycodone, Cyclobenzaprine, and Gabapentin. The diagnostic studies to date have not been included in the medical records. The medical report dated 06-30-2015 indicates the injured worker complained of headaches; intermittent neck pain with numbness and tingling with radiation into the bilateral upper extremity, which was rated 5 out of 10; continuous low back pain with radiation into the left lower extremity that was rated 9 out of 10; and occasional left shoulder pain, which was rated 4 out of 10. The physical examination showed a mild, antalgic gait; a mild limp; decreased cervical spine range of motion; tenderness to palpation of the cervical paravertebral muscles; muscle spasm of the cervical paravertebral muscles; decreased lumbar range of motion; tenderness to palpation of the lumbar paravertebral muscles; muscle spasm of the lumbar paravertebral muscles; negative straight leg raise test; decreased left shoulder range of motion; tenderness to palpation of the left anterior shoulder; negative Hawkin's; negative Neer's; and negative shoulder apprehension. The treatment plan includes topical medications for the cervical spine and lumbar spine. The injured worker was placed on temporary total disability. The treating physician requested Flurbiprofen 20%-Baclofen 5%-Camphor 2%-Menthol 2%-Dexamethasone Micro 0.2%-Capsaicin 0.025%-Hyaluronic Acid 0.2% in cream base and HNPC1 - Amitriptyline HCL 10%-Gabapentin 10%-Bupivacaine HCL 5%-Hyaluronic acid 2% in cream base denied on 08-03-2015 by Utilization Review.

## 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 cream base: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with diffuse spine and joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic to include a compounded NSAID, muscle relaxant and steroid over oral formulation for this chronic injury without documented functional improvement from treatment already rendered. Guidelines do not recommend long-term use of NSAID without improved functional outcomes attributable to their use. Additionally, Guidelines do not recommend long-term use of this muscle relaxant and steroid medications for this chronic injury without improved functional outcomes attributable to their use. The Flurbiprofen 20% Baclofen 5% Camphor 2% Menthol 2% Dexamethasone Micro 0.2% Capsaicin 0.025% Hyaluronic acid 0.2% in cream base is not medically necessary and appropriate.

**HNPC1 - Amitriptyline HCL 10% Gabapentin 10% Bupivacaine HCL 5% Hyaluronic acid 2 in cream base: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with diffuse spine and joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic to include a compounded anti-depressant and anti-epileptic over oral formulation for this chronic injury without documented functional improvement from treatment already rendered. Guidelines do not recommend long-term use of anti-depressant without improved functional outcomes attributable to their use. Additionally, Guidelines do not recommend long-term use of this steroid and anti-seizure medication for this chronic injury without improved functional outcomes attributable to their use. The HNPC1 - Amitriptyline HCL 10% Gabapentin 10% Bupivacaine HCL 5% Hyaluronic acid 2 in cream base is not medically necessary or appropriate.