

<b>Case Number:</b>	CM15-0170918		
<b>Date Assigned:</b>	09/11/2015	<b>Date of Injury:</b>	02/02/2014
<b>Decision Date:</b>	10/09/2015	<b>UR Denial Date:</b>	08/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/31/2015

### 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 Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 68 year old male, who sustained an industrial injury on 2-02-2014. He reported left shoulder pain after lifting bags. The injured worker was diagnosed as having left partial thickness rotator cuff tear-supraspinatus tear associated with muscle atrophy, chronic subscapularis tendinosis with partial thickness intrasubstance tearing, complete tear of the proximal portion of the left biceps tendon, and moderate degenerative changes of the left acromioclavicular joint. Treatment to date has included diagnostics, physical therapy, steroid injection left shoulder, and medications. Currently (7-31-2015), the injured worker reported seeing a shoulder specialist and the report was unavailable for review. Pain was not rated. Objective findings noted that the left shoulder was focally tender at the acromioclavicular joint, as well as the posterior joint line, and the upper traps were markedly tender. His current medication regimen was not noted. It was documented that he had great benefit from transdermal cream that was previously administered. He was to remain off work. It was documented that he "has been on oral analgesics, and-or not tolerating oral medication". He was dispensed a three day supply of compound creams. The treatment plan included Flurbiprofen-Lidocaine, Gabapentin-Amitriptyline-Capsaicin, and Cyclobenzaprine-Lidocaine. The use of these compounded medications was also referenced in the progress report dated 5-22-2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro Gabapentin 10 percent + Amitriptyline 5 percent + Capsaicin 0.025 percent, 150gm:** 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:** According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no controlled studies supporting that all components of the proposed topical treatment are effective for pain management (in topical forms). There is no documentation of failure of first line therapy for pain. Therefore, the retrospective request for Gabapentin 10 percent + Amitriptyline 5 percent + Capsaicin 0.025 percent, 150gm is not medically necessary.

**Retro Cyclobenzaprine 10 percent + Lidocaine 2 percent, 150gm:** 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:** According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no evidence that Gabapentin or any other compound of the topical analgesic is recommended as topical analgesics for chronic pain management. Gabapentin, a topical analgesic is not recommended by MTUS guidelines. Based on the above, the retrospective request for Cyclobenzaprine 10 percent + Lidocaine 2 percent, 150gm is not medically necessary.

**Retro Flurbiprofen 20 percent + Lidocaine 5 percent, 150gm:** 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:** According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no evidence that Flurbiprofen or any other compound of the topical analgesic is recommended as topical analgesics for chronic pain management. Flurbiprofen, a topical analgesic is not recommended by MTUS guidelines. Based on the above, the retrospective request for Flurbiprofen 20 percent + Lidocaine 5 percent, 150gm is not medically necessary.