

<b>Case Number:</b>	CM15-0175225		
<b>Date Assigned:</b>	09/16/2015	<b>Date of Injury:</b>	05/04/2015
<b>Decision Date:</b>	10/23/2015	<b>UR Denial Date:</b>	08/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2015

### 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: Virginia  
 Certification(s)/Specialty: Neurology

### 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 45 year old male, who sustained an industrial-work injury on 5-4-15. A review of the medical records indicates that the injured worker is undergoing treatment for left frozen shoulder, partial rotator cuff tendon tear and interval lesion with associated humeral head cyst-healing fracture, cervical strain and sprain with potential for cervical disc disease and radiculopathy, and right ankle pain and swelling with potential underlying osteochondral injury to the talus. There is a history of uncontrolled diabetes recently diagnosed. Medical records dated 8-11-15 indicate that the injured worker complains of cervical spine pain, upper back pain, left shoulder pain and right ankle pain. Per the treating physician report dated 7-20-15 the injured worker has not returned to work. The physical exam dated 8-11-15 reveals significant stiffness of the cervical spine, loss of motion of the cervical spine, forward flexion is 10 degrees and extension is 0 degrees. There is positive Spurling maneuver bilaterally. The left shoulder exam shows forward flexion is at 90 degrees, external rotation is at 60 degrees and internal rotation is at 10 degrees. He has significant pain and apparently impingement with flexion beyond 90 degrees. The right ankle exam reveals diffuse pain and tenderness with pain with dorsiflexion of the right ankle. There is weakness with ankle dorsiflexors and ankle evertor. The physician indicated that the injured worker was given topical creams to use on the ankle, shoulder and cervical spine for pain. Treatment to date has included pain medication such as anti-inflammatory Relafen, Ultram, Ibuprofen, Cyclobenzaprine, compounded topical medications since at least 8-11-15, diagnostics, orthopedic consult, and other modalities. The original Utilization review dated 8-25-15 non-certified a request for Retrospective Compound 10%

Cyclobenzaprine, 20% Lidocaine 30gm (DOS 8-11-2015) as the medication contains ingredients that are not recommended by the guidelines therefore the entire compound is not appropriate, non-certified a request for Retrospective Compound 20% Flurbiprofen, 5% Lidocaine 30gm (DOS 8-11-2015) as topical. Lidocaine is only recommended by the guidelines in the form of Lidocaine patch, as the medication contains ingredients that are not recommended by the guidelines therefore the entire compound is not appropriate and non-certified a request for Retrospective Compound 10% Gabapentin, 5% Amitriptyline, 0.025% Capsaicin 30gm (DOS 8-11-2015) as the medication contains ingredients that are not recommended by the guidelines therefore the entire compound is not appropriate.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Retrospective Compound 10% Cyclobenzaprine, 20% Lidocaine 30gm (DOS 8/11/2015):**  
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:** Chronic pain management guidelines state that topical analgesics for the treatment of chronic pain are largely experimental in use with a few randomized controlled trials to determine the efficacy or safety. Their treatment is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control, however, there is little to no research to support the use of any of these agents. Furthermore, any compounded product that contains at least one drug that is not recommended is not recommended. In the case of the injured worker, there is documentation of cervical neck pain and a normal Neurologic exam. The guidelines states that the use of Lidocaine for neurogenic pain is not recommended other than the dermal patch. All other formulations are not recommended. Therefore, according to the guidelines, and a review of the evidence, the use of topical cyclobenzaprine 10%, Lidocaine 20%, 30 mg is not medically necessary.

**Retrospective Compound 20% Flurbiprofen, 5% Lidocaine 30gm (DOS 8/11/2015):**  
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:** Chronic pain management guidelines state that topical analgesics for the treatment of chronic pain are largely experimental in use with a few randomized controlled trials

to determine the efficacy or safety. Their treatment is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control, however, there is little to no research to support the use of any of these agents. Furthermore, any compounded product that contains at least one drug that is not recommended is not recommended. In the case of the injured worker, there is documentation of cervical neck pain and a normal Neurologic exam. The efficacy in clinical trials for topical nonsteroidal anti-inflammatory agents has been inconsistent. Topical nonsteroidals have been shown in met analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis with diminishing effect beyond this time. Therefore, according to the guidelines, and a review of the evidence, the use of topical 20% Flurbiprofen, 5% Lidocaine is not medically necessary.

**Retrospective Compound 10% Gabapentin, 5% Amitriptyline, 0.025% Capsaicin 30gm (DOS 8/11/2015): 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:** Chronic pain management guidelines state that topical analgesics for the treatment of chronic pain are largely experimental in use with a few randomized controlled trials to determine the efficacy or safety. Their treatment is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control, however, there is little to no research to support the use of any of these agents. Furthermore, any compounded product that contains at least one drug that is not recommended is not recommended. In the case of the injured worker, there is documentation of cervical neck pain and a normal Neurologic exam. There is no specific documentation of and Neurogenic pain. The use of topical Gabapentin is not recommended. Therefore, according to the guidelines, and a review of the evidence, the use of topical 10% Gabapentin, 5% Amitriptyline, and 0.025% Capsaicin 30 mg is not medically necessary.