

<b>Case Number:</b>	CM15-0175695		
<b>Date Assigned:</b>	09/17/2015	<b>Date of Injury:</b>	03/05/1998
<b>Decision Date:</b>	10/21/2015	<b>UR Denial Date:</b>	08/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2015

### 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: Texas, California

Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 59 year old male patient, who sustained an industrial injury on 3-5-98. The diagnoses include lateral epicondylitis; bilateral carpal tunnel syndrome; bilateral cubital tunnel syndrome; right shoulder pain; bilateral wrist pain. Per the PR-2 notes dated 7-23-15 he had complains of pain in right shoulder at 9 out of 10; increasing pain with raising right arm; grinding and popping noises right shoulder; worsening pain in the right shoulder after use; hardness of the left wrist lump and palm; numbness of the left hand; loss of strength and gripping of the left hand; pain in the left wrist; tapping of the lump on the left wrist creating shooting pain to the fingers." The physical examination revealed soft tissue fullness-bulging of the tissues volar aspect distal forearm status post carpal tunnel release left side, positive Tinel's sign left carpal tunnel and positive median nerve compression test left carpal tunnel. He noted that her assessment status changes since the last evaluation were unchanged. The medications list includes cyclobenzaprine, pantoprazole, eszopiclone, remeron and topical compound creams. He has had an EMG-NCV study of the upper extremities on 6-18-15 which revealed moderate left and mild to moderate right carpal tunnel syndrome, moderate to severe left and mild to moderate right ulnar Guyon's, left chronic active C6-C8 cervical radiculopathy. He has undergone left ulna fracture with open reduction internal fixation (ORIF); Non industrial; left carpal tunnel re-exploration, tenosynovectomy, flap reconstruction, release ulnar nerve Guyon's canal on 10-25-11, right carpal tunnel release (no date), left carpal tunnel release for recurrence on 3-14-14, left carpal tunnel re-release, neurolysis median nerve hand, wrist, forearm, wrist flexion teno, excision mass on 7-14-14, right triceps tear repair-reconstruction in 3-2015 and right shoulder 4

arthroscopic and open procedures. He has had physical therapy and cortisone injections for this injury. He recommended "scar cream" as well as cream for neuropathic pain and general joint and musculoskeletal pain. A Request for Authorization is dated 9-4-15. A Utilization Review letter is dated 8-17-15 and non-certification was for Amitriptyline 10%, Gabapentin 10%, Bupivacaine 5%, Hyaluronic Acid 0.2% in cream base 240gm, twice a day to three times a day for 30 days supply (no quantity) and Flurbiprofen 20%, Baclofen 10%, Dexamethasone micro 0.2%, Hyaluronic Acid 0.2% in cream base 240gm twice a day to three times a day for 30 days supply (no quantity). Utilization Review denied the requested treatment for not meeting the CA MTUS Guidelines-Topical Analgesics. The provider is requesting authorization of Amitriptyline 10%, Gabapentin 10%, Bupivacaine 5%, Hyaluronic Acid 0.2% in cream base 240gm, twice a day to three times a day for 30 days supply (no quantity) and Flurbiprofen 20%, Baclofen 10%, Dexamethasone micro 0.2%, Hyaluronic Acid 0.2% in cream base 240gm twice a day to three times a day for 30 days supply (no quantity).

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

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

**Amitriptyline 10%, Gabapentin 10%, Bupivacaine 5%, Hyaluronic Acid 0.2% in cream base 240gm, twice a day to three times a day for 30 days supply (no quantity): 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:** Amitriptyline 10%, Gabapentin 10%, Bupivacaine 5%, Hyaluronic Acid 0.2% in cream base 240gm, twice a day. This is a request for topical compound medication. Gabapentin is an anticonvulsant and amitriptyline is an antidepressant. The cited Guidelines regarding topical analgesics state, "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, 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 (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants...). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical NSAIDs- There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use... Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product...Gabapentin: Not recommended. There is no peer-reviewed literature to support use..." The cited guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Failure of oral anticonvulsants for this injury is not specified in the records provided. Intolerance to oral medication is not specified in the records provided. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Amitriptyline and gabapentin are not recommended by the cited guidelines for topical use because of the absence of high grade scientific evidence to support their effectiveness. The Amitriptyline 10%, Gabapentin

10%, Bupivacaine 5%, Hyaluronic Acid 0.2% in cream base 240gm, twice a day is not medically necessary for this patient.

**Flurbiprofen 20%, Baclofen 10%, Dexamethasone micro 0.2%, Hyaluronic Acid 0.2% in cream base 240gm twice a day to three times a day for 30 days supply (no quantity):**  
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:** Flurbiprofen 20%, Baclofen 10%, Dexamethasone micro 0.2%, Hyaluronic Acid 0.2% in cream base 240gm three times a day. This is a request for topical compound medication. Flurbiprofen is an NSAID and baclofen is a muscle relaxant. The cited Guidelines regarding topical analgesics state, "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, 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 (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants...). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical NSAIDs- There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments. Baclofen: Not recommended. There is no peer-reviewed literature to support the use of topical baclofen. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product..." The cited guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Failure of anticonvulsants for this injury is not specified in the records provided. Intolerance to oral medication is not specified in the records provided. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Flurbiprofen and baclofen are not recommended by the cited guidelines for topical use as cited, because of the absence of high-grade scientific evidence to support their effectiveness. The Flurbiprofen 20%, Baclofen 10%, Dexamethasone micro 0.2%, Hyaluronic Acid 0.2% in cream base 240gm three times a day is not medically necessary for this patient.