

<b>Case Number:</b>	CM15-0176949		
<b>Date Assigned:</b>	09/17/2015	<b>Date of Injury:</b>	05/26/2015
<b>Decision Date:</b>	10/27/2015	<b>UR Denial Date:</b>	08/18/2015
<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: 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 52-year-old male, who sustained an industrial injury on 05-26-2015. He has reported subsequent back, neck, bilateral shoulder, bilateral hand, bilateral knee, bilateral upper and lower extremity and bilateral foot pain and was diagnosed with cervical and lumbar sprain and strain, bilateral acromioclavicular joint, and bilateral ankle sprain and strain. There was no documentation that any imaging studies had been performed. The medical documentation submitted is minimal and consists of a doctor's first report of illness or injury dated 06-17-2015 and a primary treating physician's initial evaluation and report dated 07-17-2015. Treatment to date is unknown. In the 07-17-2015 progress note, the injured worker reported neck and bilateral shoulder pain that was rated as 5 out of 10, low back pain that was rated as 4 out of 10 and bilateral ankle pain that was rated as 2 out of 10. The injured worker also reported depression, anxiety and irritability. Objective examination findings showed tenderness to palpation of the cervical and lumbar paravertebral muscles, right trapezius, acromioclavicular joint of the bilateral shoulders and bilateral Achilles tendon, slightly decreased lumbar range of motion to flexion, pain on the right with Soto-Hall compression test and Nachlas test and positive cross arm test. Work status was documented as full duty. A request for authorization of Gabapentin 15%, Amitriptyline 4%, Dextromethorphan 10% 180gm TID and Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2% 180g TID was submitted. As per the utilization review on 08-18-2015, the request for Gabapentin 15%, Amitriptyline 4%, Dextromethorphan 10% 180gm TID and Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2% 180g TID was non-certified.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 15%, Amitriptyline 4%, Dextromethorphan 10% 180gm TID: 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:** Based on the 7/17/15 progress report provided by the treating physician, this patient presents with cervical spine pain rated 5/10, bilateral shoulder pain rated 5/10, and bilateral ankle pain rated 2/10. The treater has asked for Gabapentin 15%, Amitriptyline 4%, Dextromethorphan 10% 180gm TID on 7/17/15 "for cervical and lumbar spine. The patient's diagnoses per request for authorization dated 7/17/15 are s/s of unspecified site of shoulder and upper arm, acromioclavicular joint ligament sprain, s/s of ankle and foot. The patient's treatment was not included per review of reports dated 6/17/15 to 7/17/15. The patient's neck pain is stated to be activity-dependent to intermittent per 7/17/15 report. The patient's work status is described as "not able to perform usual work" per 6/17/15 report. MTUS, Topical Analgesics section, pg. 111: Recommended as an option as indicated below. 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. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, "-adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists," agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (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. MTUS, Topical Analgesics, pg. 113: Baclofen: Not recommended. There is currently one Phase III study of Baclofen-Amitriptyline-Ketamine gel in cancer patients for treatment of chemotherapy-induced peripheral neuropathy. 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. Gabapentin: Not recommended. There is no peer-reviewed literature to support use. Other anti-epilepsy drugs: There is no evidence for use of any other anti-epilepsy drug as a topical product. The treater states in requesting 7/17/15 report that this compounded cream is for the "cervical and lumbar spine." MTUS page 111 states that if one of the compounded topical products is not recommended, then the entire product is not. In this case, the requested topical compound consists of Gabapentin and Amitriptyline, neither of which is indicated for use as a topical formulation. Therefore, the requested compounded topical is not medically necessary.

**Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2% 180g TID:** 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:** Based on the 7/17/15 progress report provided by the treating physician, this patient presents with cervical spine pain rated 5/10, bilateral shoulder pain rated 5/10, and bilateral ankle pain rated 2/10. The treater has asked for Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2% 180g TID on 7/17/15 "for left shoulder, right shoulder and left ankle." The patient's diagnoses per request for authorization dated 7/17/15 are s/s of unspecified site of shoulder and upper arm, acromioclavicular joint ligament sprain, s/s of ankle and foot. The patient's treatment was not included per review of reports dated 6/17/15 to 7/17/15. The patient's neck pain is stated to be activity-dependent to intermittent per 7/17/15 report. The patient's work status is described as "not able to perform usual work" per 6/17/15 report. MTUS, Topical Analgesics section, pg. 111: Recommended as an option as indicated below. 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. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, "-adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists," agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (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. MTUS, Topical Analgesics, pg. 113: Baclofen: Not recommended. There is currently one Phase III study of Baclofen-Amitriptyline-Ketamine gel in cancer patients for treatment of chemotherapy-induced peripheral neuropathy. 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. Gabapentin: Not recommended. There is no peer-reviewed literature to support use. Other anti-epilepsy drugs: There is no evidence for use of any other anti-epilepsy drug as a topical product. Per requesting 7/17/15 report, the treater indicates that this compounded cream is intended for use on the "left shoulder, right shoulder, and left ankle." MTUS indicates that topical NSAIDs are indicated for osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist) but has not been evaluated for treatment of the spine, hip or shoulder. Furthermore, MTUS page 111 states that if one of the compounded topical products is not recommended, then the entire product is not. In this case, the treater has requested use of this topical analgesic for shoulder pain, which is not indicated by MTUS. In addition, the requested topical compound consists of Gabapentin, which is not indicated for use as a topical formulation. Therefore, the requested compounded topical is not medically necessary.

