

<b>Case Number:</b>	CM15-0177074		
<b>Date Assigned:</b>	09/17/2015	<b>Date of Injury:</b>	10/25/2013
<b>Decision Date:</b>	10/20/2015	<b>UR Denial Date:</b>	08/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2015

### 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: North Carolina

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:

The injured worker (IW) is a 29 year old female who sustained an industrial injury on 10-25-2013. Medical records indicate the worker is being treated for neck-scapula pain. The injured worker was diagnosed as having Cervical sprain, mild right cervical radiculitis, right scapula trigger point tendinitis, and minimal lower back strain. Treatment to date has included chiropractic physiotherapy. In the provider notes of 08-03-2015, the injured worker complains of intermittent "slightly greater than slight" pain in the neck on the right side of the neck with slight radicular pain into the right arm. Pain is made worse with prolonged flexion and/or repetitive rotation of the neck. She also complained of intermittent minimal to slight pain in the lower back without radiculopathy. The pain is increased with bending, lifting, stooping, prolonged sitting and twisting. The third complaint was of intermittent "slightly greater than slight" pain in the right shoulder blade that is aggravated by activities including lifting, pushing, pulling, or use of the arm at or above shoulder height. On examination there is minimal limitation in cervical spine range of motion, and no paracervical tenderness, no tenderness or muscle spasm was noted on the exam. Distraction and compression tests were negative. The bilateral shoulders exam was unremarkable with only moderate tenderness in the scapula trigger point on the right side, and no atrophy, deformity, observable spasm, swelling or ecchymosis in the deltoid and scapula muscles. The shoulder range of motion was normal. The right and left elbows had no evidence of instability, crepitation, clicking and no joint effusion. The lumbosacral spine, pelvis and coccyx exam was all within normal limits. Examination of the right and left knee showed no unusual tenderness and no evidence of recent trauma. All range of

motion testing was normal. A cortisone injection was given into the right scapula trigger point with an immediate relief of pain. The treatment plan was for ice packs for 48 hours post injection, and the actual MRI scan, and results from upper extremity Nerve Conduction Velocity and Electromyogram studies done in July 2015 were requested for the orthopedic specialist review. Naprosyn, Prilosec, extra strength Tylenol, Flexeril, and compounded topical analgesic creams with home exercises were recommended. A request for authorization was submitted for CMPD: Cyclobenzaprine, Flurbiprofen, microderm base cream - 180gm for 30 day supply, and CMPD: Gabapentin, amitriptyline, dextromethorphan, microderm base cream - 180gm for 30 day supply. A utilization review decision 08-18-2015 non-certified both requested compounded medications.

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

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

**CMPD: Cyclobenzaprine, flurbiprofen, microderm base cream - 180gm for 30 day supply:**  
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:** The California chronic pain medical treatment guidelines section on topical analgesics states: 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. The requested medication contains ingredients (cyclobenzaprine), which are not indicated per the California MTUS for topical analgesic use. Therefore the request is not medically necessary.

**CMPD: Gabapentin, amitriptyline, dextromethorphan, microderm base cream - 180gm for 30 day supply:** 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:** The California chronic pain medical treatment guidelines section on topical analgesics states: 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. The requested medication contains ingredients (gabapentin), which are not indicated per the California MTUS for topical analgesic use. Therefore the request is not medically necessary.