

Case Number:	CM15-0039815		
Date Assigned:	03/10/2015	Date of Injury:	08/22/2008
Decision Date:	05/18/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/02/2015

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
 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 is a 41 year old female, who sustained an industrial injury on August 22, 2008. She reported low back, left shoulder, and neck injuries. The injured worker was diagnosed as having left shoulder impingement syndrome, left elbow lateral epicondylitis, herniated disc lumbar spine, lumbago, lumbar spine radiculitis/neuritis, and chronic pain syndrome. Treatment to date has included MRI, electrodiagnostic studies, physical therapy, acupuncture, chiropractic therapy, back brace, work modifications, and oral and topical pain medications. On November 5, 2014, the injured worker complains of continuous sharp, stabbing left shoulder and left elbow pain radiating to the neck and left arm. Associated symptoms include instability, clicking, popping, and grinding of the shoulder. In addition, she complains of continuous sharp low back pain radiating to bilateral legs to the feet. Associated symptoms include numbness, tingling, weakness, and burning sensation. Her left shoulder pain is rated 7/10, left elbow pain is 5/10, and low back pain is 9/10. Rest helps with pain relief. She also complains of headaches, dizziness, and difficulty sleeping due to pain. The physical exam revealed the left shoulder has a severe nerve impingement sign and moderately decreased range of motion in all planes due to pain. The left elbow has a positive Cozen sign, tenderness to palpation over the medial aspect suggesting epicondylitis, normal flexion, and limited range of motion in all planes due to pain. The left hand grip was significantly decreased. The lumbar spine exam revealed an antalgic gait and she is wearing a hard back brace. The lumbar range of motion was moderately decreased and limited due to pain. The treatment plan includes topical compound pain cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective: Compound creams Amitriptyline 10%/ Bupivacaine 5%/ Gabapentin 10%
Dos: 11/05/2014:** Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 122-125.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

Decision rationale: The MTUS Chronic Pain Guidelines state that topical analgesics are generally considered experimental as they have few controlled trials to determine efficacy and safety currently. Topical gabapentin, in particular is designated as non-recommended due to its lack of supportive evidence for general use in chronic pain. Also, the MTUS Guidelines state that in combination topical medication preparations, when one ingredient is not recommended, then the entire preparation is not recommended. In the case of this worker, she was recommended amitriptyline/bupivacaine/gabapentin topical cream, which contains topical gabapentin, and therefore, will be considered medically unnecessary.

**Retrospective: Compound cream Baclofen 5%/ Camphor 2%/ Capsaicin .25%/
Dexamethasone 2%/ Panthenol 0.5%/ Flurbiprofen 20%/ Menthol 2% Dos: 11/05/2014:**
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 122-125.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

Decision rationale: The MTUS Chronic Pain Guidelines state that topical analgesics are generally considered experimental as they have few controlled trials to determine efficacy and safety currently. Topical NSAIDs, specifically, have some data to suggest it is helpful for osteoarthritis and tendinitis for at least short periods of time, but there are no long-term studies to help us know if they are appropriate for treating chronic musculoskeletal pain. Topical NSAIDs have not been evaluated for the treatment of the spine, hip, or shoulder. Although some topical analgesics may be appropriate for trial as a secondary agent for neuropathic pain after trials of oral therapies have been exhausted, topical NSAIDs are not recommended for neuropathic pain. The only FDA-approved topical NSAID currently is Voltaren gel (diclofenac). Ketoprofen is not currently one of the topical NSAIDs available that is FDA approved, and it has a high incidence of photocontact dermatitis. All topical NSAID preparations can lead to blood concentrations and systemic effect comparable to those from oral forms and caution should be used for patients at risk, including those with renal failure and hypertension. The MTUS Guidelines also state that topical baclofen is not recommended due to lack of supportive evidence. In the case of this worker, the worker was recommended a topical product which included baclofen. Also, the

worker was using multiple topical analgesics, all of which contained flurbiprofen, which is unnecessary redundancy. Therefore, the Baclofen 5% / Camphor 2% / Capsaicin .25% / Dexamethasone 2% / Panthenol 0.5% / Flurbiprofen 20% / Menthol 2% compounded/combination topical analgesic will be considered medically unnecessary.