

<b>Case Number:</b>	CM15-0067736		
<b>Date Assigned:</b>	04/15/2015	<b>Date of Injury:</b>	03/12/2009
<b>Decision Date:</b>	05/19/2015	<b>UR Denial Date:</b>	04/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/09/2015

### 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: New York, Tennessee  
 Certification(s)/Specialty: Emergency Medicine

### 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 female, who sustained an industrial injury on 3/12/09. She reported bilateral wrist numbness, weakness in right upper extremity, headaches and right neck, shoulder and elbow injuries. The injured worker was diagnosed as having cervical spine pain, cervical spine sprain/strain, cervical spine radiculopathy, right shoulder pain, right shoulder sprain, right shoulder sprain, right shoulder impingement, right wrist pain and right hand pain. Treatment to date has included right shoulder surgery, oral medications including opioids and home exercise program. Currently, the injured worker complains of moderate to severe pain in neck with radiation to bilateral shoulders, bilateral wrists and hands and numbness and tingling sensations in her bilateral hands. Physical exam revealed paraspinal tenderness to palpation, trapezial tenderness to palpation of bilateral shoulders and tenderness of distal radioulnar joint of right hand; full range of motion is noted in all areas. The treatment plan included a request for authorization for pain management consult, chiropractic therapy and continuation of medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) prescription for Flurbiprofen 20%, Tramadol 20% 210 gm: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 74-96, 111-112.

**Decision rationale:** This medication is a compounded topical analgesic containing flurbiprofen and tramadol. Topical analgesics are recommended for neuropathic pain when anticonvulsants and antidepressants have failed. Compounded topical analgesics are commonly prescribed and there is little to no research to support the use of these compounds. Furthermore, the guidelines state, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Flurbiprofen is a non-steroidal anti-inflammatory drug (NSAID). Flurbiprofen is recommended as an oral agent for the treatment of osteoarthritis and the treatment of mild to moderate pain. It is not recommended as a topical preparation. Tramadol is a synthetic opioid affecting the central nervous system. It has several side effects, which include increasing the risk of seizure in patients taking SSRI's, TCA's and other opioids. It is not recommended as a topical preparation. This medication contains drugs that are not recommended. Therefore, the medication cannot be recommended. The request is not medically necessary.

**One (1) prescription for Amitriptyline 10%, Dextromethorphan 10%, Gabapentin 10% 210gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 13-15, 111-112. Decision based on Non-MTUS Citation The Medical Letter On drugs and Therapeutics, Volume 43, Issue 1100, pg 23-25, Over-The-Counter (OTC) Cough Remedies.

**Decision rationale:** This medication is a compounded topical analgesic containing amitriptyline, dextromethorphan, and gabapentin. Topical analgesics are recommended for neuropathic pain when anticonvulsants and antidepressants have failed. Compounded topical analgesics are commonly prescribed and there is little to no research to support the use of these compounds. Furthermore, the guidelines state, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Amitriptyline is a tricyclic antidepressant. Tricyclics are generally considered a first-line agent for neuropathic pain, unless they are ineffective, poorly tolerated, or contraindicated. Indications in controlled trials have shown effectiveness in treating central post-stroke pain, post-herpetic neuralgia, painful diabetic and non-diabetic polyneuropathy, and post-mastectomy pain. Negative results were found for spinal cord pain and phantom-limb pain, but this may have been due to study design. Tricyclics have not demonstrated significance in randomized-control trials in treating HIV neuropathy, spinal cord injury, cisplatin neuropathy, neuropathic cancer pain, phantom limb pain or chronic lumbar root pain. Caution is required because tricyclics have a low threshold for toxicity, and tricyclic antidepressant overdose is a significant cause of fatal drug poisoning due to their

cardiovascular and neurological effects. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. It is not recommended as a topical preparation. Dextromethorphan is a centrally acting antitussive. It is not recommended as a topical preparation. Gabapentin is not recommended. There is no peer-reviewed literature to support use. This medication contains drugs that are not recommended. Therefore, the medication cannot be recommended. The request is not medically necessary.