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| <b>Case Number:</b>   | CM15-0091305 |                              |            |
| <b>Date Assigned:</b> | 05/15/2015   | <b>Date of Injury:</b>       | 02/16/2015 |
| <b>Decision Date:</b> | 06/17/2015   | <b>UR Denial Date:</b>       | 05/01/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/12/2015 |

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 47 year old female, who sustained an industrial injury on 02/16/2015. She has reported injury to the neck, low back, right shoulder, and right hand. The diagnoses have included cervical sprain/strain; cervical myospasm; lumbar sprain/strain; lumbar myospasm; right shoulder impingement syndrome; right shoulder sprain/ strain; and right carpal tunnel syndrome. Treatment to date has included medications, diagnostics, and physical therapy. Medications have included Tramadol, Gabapentin, and Cyclobenzaprine. A progress note from the treating physician, dated 04/22/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of continuous neck pain radiating into the right upper extremity, and pain is rated at 7 on a scale of 1 to 10; intermittent low back pain, with pain radiating into the right lower extremity, and accompanied by tingling sensation; low back pain is rated at 7 on a scale of 1 to 10; continuous right shoulder pain, rated at 7 on a scale of 1 to 10; and continuous right hand pain, rated at 7 on a scale of 1 to 10, and is accompanied by weakness. Objective findings included tenderness to palpation of the cervical paravertebral muscles with muscle spasm; Spurling's sign is positive on the right; tenderness to palpation of the lumbar paravertebral muscles with muscle spasm; tenderness to palpation of the anterior right shoulder; Neer's, Hawkins', Speed's tests are positive; swelling and atrophy are present at the right hand; tenderness to palpation of the palmar aspect of the right hand, with positive carpal compression and Phalen's signs; and there are decreased ranges of motion noted to the cervical spine, lumbar spine, and the right shoulder. The treatment plan has included the request for one container of Flurbiprofen 20%, Baclofen 5%, Camphor 2%, Menthol 2%, Dexamethasone Micro 0.2%,

Capsaicin 0.025%, Hyaluronic Acid 0.2%, in cream base, 240 grams; and one container of Amitriptyline HCl 10%, Gabapentin 10%, Bupivacaine HCl 5%, Hyaluronic Acid 0.2%, in cream base, 240 grams.

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

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

**1 Container of Flurbiprofen 20%, Baclofen 5%, Camphor 2%, Menthol 2%, Dezamethasone Micro 0.2%, Capsaicin 0.025%, Hyaluronic Acid 0.2%, in Cream Base 240 grams: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics and Salicylate topical Page(s): 111-113 and 105. Decision based on Non-MTUS Citation <http://www.drugs.com/disease-interactions/dexamethasone-topical.html>.

**Decision rationale:** 1 Container of Flurbiprofen 20%, Baclofen 5%, Camphor 2%, Menthol 2%, Dexamethasone Micro 0.2%, Capsaicin 0.025%, Hyaluronic Acid 0.2%, in Cream Base 240 grams is not medically necessary per the MTUS Guidelines and an online review of topical hyaluronic acid. The guidelines state that topical NSAIDs are indicated in osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. They are recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. A review online indicates that Dexamethone can be used as a topical steroid cream. The MTUS does not support topical Baclofen. The guidelines state that Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Menthol and Camphor are ingredients in Ben Gay, which is a methyl salicylate and supported by the MTUS. A review online of hyaluronic acid reveals that it can be used as a vehicle for topical drugs through the skin. The guidelines additionally add that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The MTUS does not recommend topical Baclofen therefore the entire product is not medically necessary. There are no extenuating circumstances that would necessitate the use of this topical medication.

**1 Container of Amitriptyline HCL 10%, Gabapentin 10%, Bupivacaine HCL 5%, Hyaluronic Acid 0.2%, in Cream Base 240 grams: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Brown, M. B., and S. A. Jones. "Hyaluronic Acid: A Unique Topical Vehicle for the Localized Delivery of Drugs to the Skin." European Academy of Dermatology and Venereology JEADV (2004): 308-18. Web.

**Decision rationale:** 1 Container of Amitriptyline HCL 10%, Gabapentin 10%, Bupivacaine HCL 5%, Hyaluronic Acid 0.2%, in Cream Base 240 grams is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines and a review online of hyaluronic acid. The MTUS states that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS does not specifically discuss topical amitriptyline (an antidepressant) or topical Bupivacaine (anesthetic) but states that 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). There is little to no research to support the use of many of these agents. A review online of hyaluronic acid reveals that it can be used as a vehicle for topical drugs through the skin. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The MTUS does not support topical Gabapentin therefore, the entire product is not medically necessary. There are no extenuating circumstances that would necessitate the use of this topical medication.