

<b>Case Number:</b>	CM15-0095367		
<b>Date Assigned:</b>	05/21/2015	<b>Date of Injury:</b>	04/21/2014
<b>Decision Date:</b>	06/29/2015	<b>UR Denial Date:</b>	04/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/18/2015

### 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

Certification(s)/Specialty: Internal 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 46 year old female, who sustained an industrial injury on 4/21/2014, due to repetitive work activities, resulting in neck and left shoulder pain. The injured worker was diagnosed as having brachial neuritis or radiculitis, not otherwise specified, neck sprain/strain, shoulder sprain/strain, and disorders of bursae/tendons shoulder, unspecified. Current diagnoses were cervical radiculopathy, cervical sprain/strain, left shoulder impingement syndrome, and left shoulder sprain/strain. Past medical history included hypertension and asthma. Treatment to date has included diagnostics, physical therapy, acupuncture, and medications. Magnetic resonance imaging of the left shoulder (9/24/2014) noted osteoarthropathy of the acromioclavicular joint. On 1/07/2015, neck pain was rated 8/10, left shoulder pain was 7/10, and left wrist pain was 7-8/10. Medications included Protonix, Gabapentin, Naproxen, and Sennosides. She was prescribed Norco and Soma. Compound creams ordered included Compound GCB (Gabapentin, Cyclobenzaprine, Bupivacaine) and Compound FBD (Flurbiprofen, Baclofen, Dexamethasone, Menthol, Camphor, Capsaicin). Compound creams were to be mailed to home. On 1/29/2015, she reported neck pain, rated 5/10, with radiation to both upper extremities, with numbness and tingling. Exam of the cervical spine noted tenderness to palpation of the bilateral trapezii and cervical paravertebral muscles, muscle spasms, and pain with shoulder depression, bilaterally. Range of motion of the cervical spine and left shoulder was decreased and painful. Medication regime was not noted. Work status was not noted. The treatment plan included therapies and

pain medication consult. On 2/04/2015, cervical pain was rated 7/10, left shoulder pain 6/10, and left wrist pain 6/10. Compound creams were again ordered.

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

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

**Retrospective Bupivacaine/Cyclobenzaprine/Ethoxy Glycol/Gabapentin date of service 2/11/2015: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**Decision rationale:** MTUS states that use of topical analgesics is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Documentation shows that the injured worker is diagnosed with cervical radiculopathy, cervical sprain/strain, left shoulder impingement syndrome and sprain/strain. MTUS does not recommend muscle relaxants or Gabapentin for use as a topical agent. Per guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The request for Retrospective Bupivacaine/Cyclobenzaprine/Ethoxy Glycol/Gabapentin date of service 2/11/2015 is not medically necessary by MTUS.

**Retrospective Capsaicin/Dexamethasone/Menthol/Camphor/Baclofen/Ethoxy Glycol/Flurbiprofen with date of service 2/11/2015: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**Decision rationale:** MTUS states that use of topical analgesics is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Documentation shows that the injured worker is diagnosed with cervical radiculopathy, cervical sprain/strain, left shoulder impingement syndrome and sprain/strain. MTUS provides no evidence recommending the use of topical Menthol and the use of muscle relaxants as a topical agent is not recommended. Per guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The request for Retrospective Capsaicin/Dexamethasone/Menthol/Camphor/Baclofen/Ethoxy Glycol/Flurbiprofen with date of service 2/11/2015 is not medically necessary by MTUS.

**Retrospective Flurbiprofen/Lidocaine date of service 2/4/2015: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**Decision rationale:** MTUS states that use of topical analgesics is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Documentation shows that the injured worker is diagnosed with cervical radiculopathy, cervical sprain/strain, left shoulder impingement syndrome and sprain/strain. Per MTUS, non-dermal patch formulations of Lidocaine such as creams, lotions and gels, are not indicated for treatment of neuropathic pain. These medications are used as local anesthetics and anti-pruritics. Per guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The request for Retrospective Flurbiprofen/Lidocaine date of service 2/4/2015 is not medically necessary by MTUS.

**Retrospective Gabapentin/Amitriptyline/Capsaicin date of service 2/04/2015:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**Decision rationale:** MTUS states that use of topical analgesics is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Documentation shows that the injured worker is diagnosed with cervical radiculopathy, cervical sprain/strain, left shoulder impingement syndrome and sprain/strain. MTUS does not recommend Gabapentin as a topical agent. Per guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The request for Retrospective Gabapentin/Amitriptyline/Capsaicin date of service 2/04/2015 is not medically necessary by MTUS.

**Retrospective Cyclobenzaprine/Lidocaine date of service 2/04/2015:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**Decision rationale:** MTUS states that use of topical analgesics is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to

no research to support the use of many of these agents. Documentation shows that the injured worker is diagnosed with cervical radiculopathy, cervical sprain/strain, left shoulder impingement syndrome and sprain/strain. MTUS does not recommend muscle relaxants as a topical agent and non-dermal patch formulations of Lidocaine such as creams, lotions and gels, are not indicated for treatment of neuropathic pain. These medications are used as local anesthetics and anti-pruritics. Per guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The request for Retrospective Cyclobenzaprine/Lidocaine date of service 2/04/2015 is not medically necessary by MTUS.