

Case Number:	CM14-0199870		
Date Assigned:	12/10/2014	Date of Injury:	01/29/1999
Decision Date:	01/26/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	12/01/2014

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. The expert reviewer is Board Certified in Physical Medicine Rehab, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient sustained an injury on 1/29/1999 while employed by [REDACTED]. Request(s) under consideration include NPC1-Gabapentin 10% Amitriptyline 10% Bupivacaine 5% #240gm and MPHCC1-Flurbiprofen 20% Baclofen 5%, Dexamethasone 2%, Menthol 2% Camphor 2% Capsaicin 0.025% #240gm. Diagnoses include right shoulder arthritis s/p shoulder replacement with chronic shoulder pain; chronic low back pain s/p fusion; right knee internal derangement/ arthritis/ medial meniscal tear. Conservative care has included medications, therapy, TENS unit, Functional Restoration Program, Orthovisc injections, Cortisone injections to right knee, and modified activities/rest. Reports noted chronic ongoing pain symptoms with unchanged clinical findings of tenderness in lumbar spine, coccyx with restricted range in shoulder and lumbar spine. Plan included repeat knee injection, medications, and spinal stim trial. The request(s) for NPC1-Gabapentin 10% Amitriptyline 10% Bupivacaine 5% #240gm and MPHCC1-Flurbiprofen 20% Baclofen 5%, Dexamethasone 2%, Menthol 2% Camphor 2% Capsaicin 0.025% #240gm were non-certified on 10/31/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

NPC1-Gabapentin 10% Amitriptyline 10% Bupivacaine 5% #240gm: Upheld

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

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

Decision rationale: Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with spinal and multiple joint pains without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic for this chronic injury of 1999 without documented functional improvement from treatment already rendered. The NPC1-Gabapentin 10% Amitriptyline 10% Bupivacaine 5% #240gm is not medically necessary and appropriate.

MPHCC1-Flurbiprofen 20% Baclofen 5%, Dexamethasone 2%, Menthol 2% Camphor 2% Capsaicin 0.025% #240gm: Upheld

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

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

Decision rationale: Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with multiple joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic to include a compounded NSAID, steroid, anti-epileptic over oral formulation for this chronic injury without documented functional improvement from treatment already rendered. Guidelines do not recommend long-term use of NSAID without improved functional outcomes attributable to their use. Additionally, Guidelines do not recommend long-term use of this muscle relaxant medication for this chronic injury without improved functional outcomes attributable to their use. The MPHCC1-Flurbiprofen 20% Baclofen 5%, Dexamethasone 2%, Menthol 2% Camphor 2% Capsaicin 0.025% #240gm is not medically necessary and appropriate.