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| Case Number: | CM15-0100468 | | |
| Date Assigned: | 06/02/2015 | Date of Injury: | 07/09/2010 |
| Decision Date: | 09/01/2015 | UR Denial Date: | 05/06/2015 |
| Priority: | Standard | Application Received: | 05/26/2015 |

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 50-year-old male, who sustained an industrial injury on 7-9-10. He reported partial amputation of the right index finger tip. The injured worker was diagnosed as having nonspecific right thumb column pain and status post right carpal tunnel release with residuals. Treatment to date has included surgery to the right index finger, physical therapy, right carpal tunnel release, and medication. Currently, the injured worker complains of right wrist, thumb, and index finger pain. The treating physician requested authorization for retrospective compound cream medication: Sodium Hyaluronate, Bupivacain HCL powder, Gabapentin, Amitriptyline HCL powder and Hyluronate, Dexamethasone powder, Baclofen powder, and Flurbiprofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request: Compound cream medication: Sodium Hyaluronate, Bupivacain HCL powder, Gabapentin, Amitriptyline HCL powder and Sodium Hyaluronate, Dexamethasone powder, Baclofen powder, Flurbiprofen: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic pain for compound drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p 60 (2) Topical Analgesics, p 111-113 Page(s): 60, 111-113.

Decision rationale: The claimant sustained a work injury in July 2010 and continues to be treated for low back and right hand pain. When seen, there was decreased lumbar spine range of motion. Ankle seen testing was positive. He was referred for further evaluation. A right hand brace was provided. Topical compounded cream was continued. This request is for a compounded topical medication with components including, Flurbiprofen, baclofen, dexamethasone, amitriptyline, and Gabapentin. Compounded topical preparations of flurbiprofen are used off-label (non-FDA approved) and have not been shown to be superior to commercially available topical medications such as diclofenac. Additionally, another anti-inflammatory medication, dexamethasone, is included. Baclofen is a muscle relaxant and there is no evidence for the use of any muscle relaxant as a topical product. Many agents are compounded as monotherapy or in combination for pain control such as opioids antidepressants, glutamate receptor antagonists, alpha-adrenergic receptor agonists, adenosine, cannabinoids, cholinergic receptor agonists, GABA agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor. There is little to no research to support the use of many these agents including amitriptyline. Oral Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and post herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. However, its use as a topical product is not recommended. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it is not possible to determine whether any derived benefit is due to a particular component. In this case, other single component topical treatments could be considered. Additionally, in this case, two topical anti-inflammatory medications are included in this product, which is duplicative. This medication was not medically necessary.