

Case Number:	CM15-0100493		
Date Assigned:	06/02/2015	Date of Injury:	04/17/2013
Decision Date:	07/01/2015	UR Denial Date:	05/13/2015
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: California, Indiana, 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 56-year-old female who sustained an industrial injury on 04/17/2013. Mechanism of injury occurred when her hand was crushed between the lever and another part of the dumpster she was putting garbage in. Diagnoses include lumbago and pain in joint involving the left hand. Treatment to date has included diagnostic studies, medications, and thumb surgery. A physician progress note dated 04/22/2015 documents the injured worker complains of constant severe lumbar spine pain rated 10 out of 10 and it is an achy, throbbing, sharp low back pain radiating to the thoracic spine. She has difficulty sleeping and is losing her balance. She has left hand pain that is constant and mild and rated 2 out of 10. It is an achy, throbbing left hand pain. The injured worker has a positive straight leg test and positive Kemp test. Range of motion is painful and restricted. Left hand has decrease in range of motion to the left thumb and grip strength testing causes pain at the left forearm. Treatment requested is for Flurbiprofen 20%/ Baclofen 5%/ Dexamethasone 2%/ Menthol 2%/ Camphor 2%/ Capsaicin 0.025% in cream base, 180gms, and Gabapentin 10%/ Amitriptyline 10%/Bupivacaine in cream base, 180gms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 10%/ Amitriptyline 10%/ Bupivacaine in cream base, 180gms: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Compounded agents 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 Official Disability Guidelines (ODG) Pain section, Topical analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, gabapentin 10%, amitriptyline 10%, bupivacaine in cream base #180 g is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical gabapentin is not recommended. In this case, the injured worker's working diagnoses are lumbago; and pain in joint involving hand. The treatment plan does not provide directions for use and location for use. Body part for topical analgesic application is not specified in the medical record. Topical gabapentin is not recommended. Any compounded product that contains at least one drug (topical gabapentin) that is not recommended is not recommended. Consequently, gabapentin 10%, amitriptyline 10%, bupivacaine in cream base is not recommended. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, gabapentin 10%, amitriptyline 10%, bupivacaine in cream base #180 g is not medically necessary.

Flurbiprofen 20%/ Baclofen 5%/ Dexamethasone 2%/ Menthol 2%/ Camphor 2%/ Capsaicin 0.025% in cream base, 180gms: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Compounded agents 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 Official Disability Guidelines (ODG) Pain section, Topical analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, topical Flurbiprofen 20%, baclofen 5%, dexamethasone 2%, menthol 2%, camphor 2%, Capsaicin 0.025% in cream base #180 g is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Flurbiprofen is not FDA approved for topical use. Topical baclofen is not recommended. In this case, the injured worker's working diagnoses are lumbago; and pain in joint involving hand. The treatment plan does not provide directions for use and location for use. The body part for topical analgesic application is not specified in the medical record. Flurbiprofen is not FDA approved for topical use. Topical baclofen is not recommended. Any compounded product that contains at least one drug (Flurbiprofen and baclofen) that is not recommended is not recommended. Consequently, topical Flurbiprofen 20%, baclofen 5%, dexamethasone 2%, menthol 2%, camphor 2%,

Capsaisin 0.025% cream base is not recommended. Based on the clinical information the medical record in the peer-reviewed evidence-based guidelines, topical Flurbiprofen 20%, baclofen 5%, dexamethasone 2%, menthol 2%, and camphor 2%, Capsaisin 0.025% in cream base is not medically necessary.