

Case Number:	CM15-0108440		
Date Assigned:	06/15/2015	Date of Injury:	05/03/2003
Decision Date:	07/14/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/05/2015

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 53 year old male, who sustained an industrial/work injury on 5/3/03. He reported initial complaints of back pain. The injured worker was diagnosed as having lumbar sprain/strain and s/p surgery of the lumbar spine. Treatment to date has included medication, diagnostics, and s/p surgery. Currently, the injured worker complains of chronic lower back pain with numbness and tingling into the lower extremities, constant neck pain, depression and anxiety. Per the secondary physician's progress report (PR-2) on 5/13/15, examination revealed epigastric discomfort and normal vital signs. The requested treatments includes retrospective request for HMPHCC2, 240gm (Flurbiprofen 20%/ Baclofen 5%/Camphor 2%/Menthol 2%/Dexamethasone Micro 0.2%/Capsaicin 0.025%/Hyaluronic Acid 0.2% in cream base) and Retrospective request for HNPC1 240gm (Amitriptyline HCL 10%/Bupivacaine HCL 5%/Hyaluronic Acid 0.2% in cream base).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for HMPHCC2, 240gm (Flurbiprofen 20%/ Baclofen 5%/Camphor 2%/Menthol 2%/Dexamethasone Micro 0.2%/Capsaicin 0.025%/Hyaluronic Acid 0.2% in cream base), quantity: 1: Upheld

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

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, retrospective request HMPHCC2, 240 g (Flurbiprofen 20%, Baclofen 5%, camphor 2%, menthol 2%, dexamethasone micro 0.2%, capsaicin 0.025%, hyaluronic acid 0.2%) in cream base has taken one 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. Other than Lidoderm, no other commercially approved topical formulation of Lidocaine whether cream, lotions or gels are indicated for neuropathic pain. In this case, the injured worker's working diagnoses are lumbar sprain/strain; and status post surgery, lumbar spine. Subjectively, according to a June 4, 2015 progress note, a topical analgesic was prescribed to avoid complications PO medications. There were no specific instructions as to the anatomical location for topical analgesic application. Flurbiprofen is not FDA approved for topical use. Baclofen is not recommended. Any compounded product that contains at least one drug (Topical Flurbiprofen and Baclofen) that is not recommended is not recommended. Consequently, HMPH CC #2, 240 g (Flurbiprofen 20%, Baclofen 5%, camphor 2%, menthol 2%, dexamethasone micro 0.2%, capsaicin 0.025%, hyaluronic acid 0.2%) in cream base is not recommended. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, retrospective request HMPHCC2, 240 g (Flurbiprofen 20%, Baclofen 5%, camphor 2%, menthol 2%, dexamethasone micro 0.2%, capsaicin 0.025%, hyaluronic acid 0.2%) in cream base has taken one is not medically necessary.

Retrospective request for HNPC1 240gm (Amitriptyline HCL 10%/Bupivacaine HCL 5%/Hyaluronic Acid 0.2% in cream base), quantity: 1: Upheld

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

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, retrospective request HNPC1, 240 g (Amitriptyline HCL 10%, Gabapentin 10%, Bupivacaine HCL 5%, and hyaluronic acid 0.2%) in cream base #1 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. Other than Lidoderm, no

other commercially approved topical formulation of Lidocaine whether cream, lotions or gels are indicated for neuropathic pain. In this case, the injured worker's working diagnoses are lumbar sprain/strain; and status post surgery, lumbar spine. Subjectively, according to a June 4, 2015 progress note, a topical analgesic was prescribed to avoid complications PO medications. There were no specific instructions as to the anatomical location for topical analgesic application. Topical Gabapentin is not recommended. Any compounded product that contains at least one drug (topical Gabapentin) that is not recommended is not recommended. Consequently, HNPC1, 240 g (Amitriptyline HCL 10%, Gabapentin 10%, Bupivacaine 5%, and hyaluronic acid 0.2%) in cream base is not recommended. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, retrospective request HNPC1, 240 g (Amitriptyline HCL 10%, Gabapentin 10%, Bupivacaine HCL 5%, and hyaluronic acid 0.2%) in cream base #1 is not medically necessary.