

Case Number:	CM15-0136072		
Date Assigned:	07/24/2015	Date of Injury:	10/10/2012
Decision Date:	09/25/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/14/2015

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: Texas, Florida
 Certification(s)/Specialty: Anesthesiology, 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 52 year old female, who sustained an industrial injury on 10/10/12. She reported pain in the neck, bilateral upper extremities and lower back related to cumulative trauma. The injured worker was diagnosed as having cervical sprain, post-op cervical disc replacement, bilateral shoulder sprain, status post right shoulder rotator cuff repair, bilateral carpal tunnel syndrome, status post right carpal tunnel release and lumbar sprain. Treatments and diagnostics to date has included physical therapy, several MRIs, Gabapentin and Norco since at least 12/5/14. As of the PR2 dated 6/16/15, the injured worker reports pain in the right shoulder, left shoulder, left wrist and back. Objective findings include decreased range of motion in the cervical spine and diminished sensation in the right hand with pinwheel. The treating physician requested Norco 10/325mg, Gabapentin 300mg, Topical HMPHCC2-Flurbiprofen 20%/Baclofen 5%/ Camphor 2%/ Menthol 2%/Dexamethasone Micro 0.2%/Capsaicin 0.025%/Hyaluronic Acid 0.2% in cream base 240gms and Topical HNPC1-Amitriptyline Hydrochloride 10%/Gabapentin 10%/Bupivacaine Hydrochloride 5%/Hyaluronic Acid 0.2% in cream base 240gms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for short term treatment of chronic pain when standard treatment with NSAIDs, co-analgesics and PT have failed. The chronic use of opioids can be associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with other sedatives medications. The records did not show that the patient failed treatment of orally administered NSAIDs or non opioid co-analgesics. There is no documentation of compliance monitoring with serial UDS, absence of aberrant behavior, CURESS data reports and functional restoration. The criteria for the use of Norco 10/325mg was not met. The request is not medically necessary.

Gabapentin 300mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non Steroidal Anti Inflammatory Drugs Page(s): 86.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Antiepileptics.

Decision rationale: The CA MTUS and the ODG guidelines recommend that antiepileptic can be utilized for treatment of chronic pain syndrome when standard treatment with NSAIDs and PT have failed. The chronic use of antiepileptics can be associated with pain relief, reduction in analgesic utilization and functional restoration. The records indicate that the patient is compliant with utilization of gabapentin. The criteria for the use of gabapentin 300mg was met. The request is medically necessary.

Topical HMPHCC2-Flurbiprofen 20%/Baclofen 5%/ Camphor 2%/ Menthol 2%/Dexamethasone Micro 0.2%/Capsaicin 0.025%/Hyaluronic Acid 0.2% in cream base 240gms: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Topical Analgesics.

Decision rationale: The CA MTUS and the ODG guidelines recommend that topical medications can be utilized for the treatment of localized neuropathic pain when standard treatment with orally administered anticonvulsant and antidepressant analgesic medications have failed. The records did not show subjective or objective findings consistent with diagnosis of localized neuropathic pain such as CRPS. The records did not show that treatment with optimum dosage of oral formulations of anticonvulsant analgesic medications have failed. The guidelines recommend that oral medications be evaluated and utilized individually for evaluation of efficacy. There is lack of guideline support for the utilization of topical formulation of baclofen, camphor, menthol, dexamethazone and hyaluronic acid for the treatment of chronic musculoskeletal pain. The use of Topical HMPHCCS- flurbiprofen 20% / baclofen 5% /

camphor 2% / menthol 2% / dexamethazone micro 0.2% / capsaicin 0.025% / hyaluronic acid 0.2% in cream base 240gms is not medically necessary.

Topical HNPC1-Amitriptyline Hydrochloride 10%/Gabapentin 10%/Bupivacaine Hydrochloride 5%/Hyaluronic Acid 0.2% in cream base 240gms: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Topical Analgesics.

Decision rationale: The CA MTUS and the ODG guidelines recommend that topical medications can be utilized for the treatment of localized neuropathic pain when standard treatment with orally administered anticonvulsant and antidepressant analgesic medications have failed. The records did not show subjective or objective findings consistent with diagnosis of localized neuropathic pain such as CRPS. The records did not show that treatment with optimum dosage of oral formulations of anticonvulsant analgesic medications have failed. The guidelines recommend that oral medications be evaluated and utilized individually for evaluation of efficacy. There is lack of guideline support for the utilization of topical formulation of topical formulations of amitriptyline, gabapentin and hyaluronic acid for the treatment of chronic musculoskeletal pain. The criteria for the use of Topical HNPC1 - amitriptyline hydrochloride 10% / gabapentin 10% / bupivacaine hydrochloride 5% / hyaluronic acid 0.2% in cream base 240gms. was not met. The request is not medically necessary.