

Case Number:	CM15-0136392		
Date Assigned:	07/24/2015	Date of Injury:	04/20/2012
Decision Date:	08/21/2015	UR Denial Date:	06/12/2015
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: North Carolina
 Certification(s)/Specialty: Family Practice

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 female who sustained a work related injury April 20, 2012, due to repetitive work activities. Past history included carpal tunnel release. An x-ray of the lumbar spine, dated April 10, 2015 (report present in the medical record) revealed decreased disc height L5-S1. X-rays of the left and right wrist, dated April 10, 2015, (report present in the medical record) is unremarkable. An x-ray of the cervical spine dated April 10, 2015, (report present in the medical record) revealed straightening of the cervical lordosis; degenerative anterior inferior endplate osteophyte off the endplate of C4-C7; degenerative anterior superior endplate osteophyte off the endplate of C5; narrowing of the proximal tracheal air column (may suggest enlarged thyroid). According to a secondary treating physician's report, dated April 9, 2015, the injured worker presented with complaints of neck pain 5 out of 10, low back pain 5 out of 10, and right wrist pain, rated 7 out of 10. Objective findings included; cervical compression test positive flexion decreased 20%; right wrist Tinel's and Phalen's positive; lumbar, Kemp's and straight leg raise sitting are positive and flexion is decreased by 20%. Diagnoses are right wrist carpal tunnel syndrome; cervical sprain, strain; lumbar sprain, strain. Treatment plan included currently undergoing physical therapy and prescribed medications Voltaren, Cyclobenzaprine, and Tramadol ER. At issue, is the request for authorization for Compound HMPC2 Flurbiprofen / Baclofen / Dexametasonc / Hyaluronic Acid and Compound HNPC1 Amitriptyline / Hydrochloride / Gabapentin / Bupivacaine / Hydrochloride-Hyaluronic Acid.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound HMPC2- Flurbiprofen 20% Baclofen10% Dexamentasonc Micro 0.2% Hyaluronic Acid 0.2% in cream base #240 grams: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California chronic pain medical treatment guidelines section on topical analgesics states: Recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenicamines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The requested medication contains ingredients (hyaluronic acid) which are not indicated per the California MTUS for topical analgesic use. Therefore, the request is not certified.

Compound HNPC1- Amitriptyline HCL 10% Gabapentin 10% Bupivacaine HCL 5% Hyaluronic Acid 0.2% in cream base #240 grams: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California chronic pain medical treatment guidelines section on topical analgesics states: Recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenicamines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The requested medication contains ingredients (gabapentin), which are not indicated per the California MTUS for topical analgesic use. Therefore, the request is not certified.