

Case Number:	CM15-0166341		
Date Assigned:	09/04/2015	Date of Injury:	06/24/2013
Decision Date:	10/08/2015	UR Denial Date:	07/28/2015
Priority:	Standard	Application Received:	08/24/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 38-year-old male, who sustained an industrial injury on 6-24-13. He reported injury to the back of his skull and injury to the cervical spine. The injured worker was diagnosed as having cephalgia, C5-6 discopathy, and lumbar spine discopathy with radicular pain down the lower extremities. Treatment to date has included physical therapy, chiropractic therapy, shockwave treatment to the cervical spine, and medication. Currently, the injured worker complains of neck pain with radiation to the shoulders and low back pain with radiation to the lower extremities. The treating physician requested authorization for Panthenol-Bupivacaine- Gabapentin-Amitriptyline dispensed on 10-30-14 and Panthenol-Dexamethasone-Baclofen- Flurbiprofen dispensed on 12/1/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Panthenol/Bupivacaine/Gabapentin/Amitriptyline dispensed on 10/30/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Regarding the request for Panthenol/Bupivacaine/Gabapentin/Amitriptyline dispensed on 10/30/14, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Regarding topical gabapentin, Chronic Pain Medical Treatment Guidelines state that topical anti-epileptic medications are not recommended. They go on to state that there is no peer-reviewed literature to support their use. Guidelines do not support the use of topical antidepressants. Within the documentation available for review, none of the abovementioned criteria has been documented. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient, despite guideline recommendations. In light of the above issues, the currently requested Panthenol/Bupivacaine/Gabapentin/Amitriptyline dispensed on 10/30/14 is not medically necessary.

Panthenol/Dexamethasone/Baclofen/Flurbiprofen dispensed on 12/1/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Regarding the request for Panthenol/Dexamethasone/Baclofen/Flurbiprofen dispensed on 12/1/14, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Topical NSAIDs are indicated for "Osteoarthritis and tendonitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." Muscle relaxants drugs are not supported by the CA MTUS for topical use. Within the documentation available for review, none of the abovementioned criteria has been documented. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient, despite guideline recommendations. In light of the above issues, the currently requested Panthenol/Dexamethasone/Baclofen/Flurbiprofen dispensed on 12/1/14 is not medically necessary.