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| Case Number: | CM15-0167256 | | |
| Date Assigned: | 08/31/2015 | Date of Injury: | 05/28/2014 |
| Decision Date: | 09/30/2015 | UR Denial Date: | 08/12/2015 |
| Priority: | Standard | Application Received: | 08/25/2015 |

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

Certification(s)/Specialty: Emergency 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 50 year old female, who sustained an industrial injury on 5-28-14. Initial complaints were of pain in her elbows, wrists and ankles. The injured worker was diagnosed as having carpal tunnel syndrome, lesion of ulnar nerve, thoracic-lumbosacral neuritis or radiculitis Unspec; lateral epicondylitis; tendinitis wrist; arthropathy of ankle and foot. Treatment to date has included physical therapy; medications. Diagnostics studies included MRI left ankle (5-26-15). Currently, the PR-2 notes dated 5-27-15 indicated the injured worker complains of forearm pain. The notes document constant numbness and tingling on the bilateral forearm, pal side of forearm and medial epicondyle area with a pain level rated at 8 out of 10. He notes a decrease in pain and the pal is for to use the PC HT channel 1-2 times a week. A MRI of the left ankle done on 5-26-15 impression reveals: 1) minimal tibiotalar, subtalar and distal tibiofibular joint effusion. 2) Plantar calcaneal heel enthesophyte. The provider is requesting authorization of Flubiprofen 20%, Baclofen 5%, Dexamethasone 2%, Menthol 2%, Camphor 2%, Capsaicin 0.025% in cream base; Amitriptyline 10%, Gabapentin 10%, Bupivacaine 5%, Hyaluronic Acid 0.2% in cream base and Alprazolam 1mg, quantity 60 tablets.

IMR ISSUES, DECISIONS AND RATIONALES

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

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

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: As per MTUS guidelines, "Any compound product that contains a drug or drug class that is not recommended is not recommended." 1) Flurbiprofen: Topical NSAIDs are shown to be superior to placebo. It should not be used long term. It may be useful. Flurbiprofen is not FDA approved for topical application. There is no justification by the provider as to why the patient requires a non-FDA approved compounded NSAID when there are multiple other approved products including over the counter medications on the market. Flurbiprofen is not medically necessary. 2) Dexamethasone: Not recommended. Dexamethasone is a steroid. There is no information available in MTUS Chronic pain or ACOEM guidelines concerning topical use of steroids for musculoskeletal pains. Review of Official Disability Guide and ACOEM guidelines only mention use of systemic and injectable steroid. There is a significant risk of systemic absorption and side effects. 3) Capsaicin: Data shows efficacy in muscular skeletal pain and may be considered if conventional therapy is ineffective and a successful trial of capsaicin. There is no documentation of a successful trial of capsaicin or failure of other medications. Not medically necessary. 4) Menthol/Camphor: It may have some topical soothing effects. Not a single component is indicated. This compounded product is not medically necessary.

Amitriptyline 10%, Gabapentin 10%, Bupivacaine 5%, Hyaluronic Acid 0.2% in cream base: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: As per MTUS guidelines, "Any compound product that contains a drug or drug class that is not recommended is not recommended." 1) Amitriptyline: As per MTUS guideline, there is no evidence to support the use of a topical antidepressant. It is not FDA approved for topical application. As per MTUS guidelines, only FDA approved products are recommended. 2) Gabapentin: Gabapentin is an antiepileptic. It is not FDA approved for topical application. There is no evidence to support its use topically. It is not recommended. 3) Bupivacaine: Only topical lidocaine is approved for neuropathic pain. Bupivacaine is only approved for injection for local or regional anesthesia. Use of a non-FDA approved product for unknown purpose is not recommended. 4) Hyaluronic: There is no evidence to support its use topically. Not a single component is indicated. This compounded product is not medically necessary.

Alprazolam 1mg, quantity 60 tablets: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-94, 16-18, 24, 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: Xanax is a benzodiazepine. As per MTUS Chronic pain guidelines is not recommended for long-term use. There is strong risk of dependence and tolerance develops rapidly. Review of records show that patient is chronically on this medication. The number of tablets is not appropriate for intermittent use and is not consistent with short term or weaning. Alprazolam is not medically necessary.