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| Case Number: | CM15-0168317 | | |
| Date Assigned: | 09/14/2015 | Date of Injury: | 07/02/2014 |
| Decision Date: | 10/21/2015 | UR Denial Date: | 07/24/2015 |
| Priority: | Standard | Application Received: | 08/26/2015 |

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, 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 37-year-old female, who sustained an industrial injury on July 2. The injured worker is diagnosed as having cervical radiculitis, cervical sprain-strain, left shoulder sprain-strain, left wrist sprain-strain and left wrist tenosynovitis. Currently, the injured worker complains of constant severe neck pain described as dull, sharp, stabbing, throbbing, stiffness, heaviness, numbness, tingling, weakness and cramping and is rated at 8 on 10. The pain is aggravated by prolonged looking up or down. Her left shoulder pain is constant, moderate to severe and is described as dull, achy, sharp, stabbing, throbbing, burning, stiffness, heaviness, numbness and tingling, weakness and cramping and is rated at 8 on 10. Her left wrist pain is intermittent, mild to moderate and is described as sharp, stabbing, throbbing, burning, heaviness, numbness, tingling, weakness and cramping and is rated at 7 on 10. The pain is exacerbated by repetitive pushing and pulling and overhead reaching. Her pain is relieved by medication, massage, physical therapy and acupuncture therapy. Physical examinations dated May 1, 2015 through July 15, 2015 reveals cervical range of motion is decreased and painful, "tenderness to palpation of the C4-C7 spinous processes, cervical paravertebral and left trapezius muscles with muscle spasm noted in the cervical paravertebral and left trapezius muscles". The left shoulder examination reveals "decreased and painful range of motion, tenderness to palpation of the acromioclavicular joint, anterior shoulder, bicipital groove, brachialis, lateral and posterior shoulder" and impingement causes pain. The left wrist reveals decreased and painful range of motion, "tenderness to palpation of the dorsal wrist and volar wrist as well as muscle spasms of the forearm and thenar" and a positive Phalen's. Treatment to date has included toxicology screen, medications (Motrin 800 mg and Protonix 20 mg), chiropractic care, massage, MRI, physical therapy and acupuncture therapy. A request for the following compound creams with a

date of service of July 15, 2015; HMPC2-(Flurbiprofen 20%, Baclofen 10%, Dexamethasone Micro .02%, Hyaluronic Acid 0.2%) 30 grams and HNPCI-(Amitriptyline HCL 1%, Gabapentin 10%, Bupivacaine HCL 5%, Hyaluronic Acid 0.2%) 30 grams, have been denied, due to a lack of clinical data to support therapy and no extenuating circumstances to justify their use, per the Utilization Review letter dated July 24, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound cream: HMPC2-Flurbiprofen 20%/ Baclofen 10%/ Dexamethasone Micro 0.2%/ Hyaluronic Acid 0.2% 30 grams date of service 7/15/2015: Upheld

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

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

Decision rationale: CA MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Further any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, the request is for a compounded product containing Flurbiprofen, Baclofen, Dexamethasone and hyaluronic acid. The patient is already taking an oral NSAID, so adding a topical NSAID (Flurbiprofen) is not recommended. Baclofen is a muscle relaxant and is not recommended for topical use. There are no studies recommending hyaluronic acid for topical use. Therefore, based on the above findings, the request is not medically necessary.

Compound Cream: HNPCI- Amitriptyline HCL 10%/ Gabapentin 10%/ Bupivacaine HCL 5%/ Hyaluronic Acid 0.2% 30 grams Date of service 7/15/2015: Upheld

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

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

Decision rationale: CA MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine their efficacy or safety. Further, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, the requested product contains Amitriptyline, Gabapentin, Hyaluronic acid and Bupivacaine. None of these agents are recommended for topical use, therefore the request is not medically necessary.