

Case Number:	CM15-0169089		
Date Assigned:	09/09/2015	Date of Injury:	07/03/2012
Decision Date:	10/07/2015	UR Denial Date:	07/28/2015
Priority:	Standard	Application Received:	08/27/2015

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 48 year old male, who sustained an industrial injury on 7-3-12. Initial complaints were of lacerations to his right forearm and right leg. The injured worker was diagnosed as having headache; cervical myospasm; cervical radiculopathy; cervical strain-sprain; right shoulder bursitis and impingement syndrome; right forearm myospasm; right knee chondromalacia; right knee internal derangement; status post right forearm surgery; lumbar muscle spasm; lumbar sprain-strain. Treatment to date has included physical therapy; injections; medications. Currently, the PR-2 notes dated 7-23-15 indicated the injured worker complains of cervical, lumbar spine and right shoulder pain that is described as constant moderate achy type pain. The right forearm has continuous pain that increases with reaching, lifting, carrying, pulling and pushing and rates this pain as 8 out of 10. His right knee complains are of continuous pain increased with prolonged standing, flexing and extending. Ascending and descending stairs, squatting and stooping with episodes of giving way. He rates his pain as 8 out of 10 for the right knee. On physical examination the provider documents the injured worker has an antalgic gait that is with a mild limp. He reveals tenderness to palpation of the cervical paravertebral muscles with spasm. Spurling's is positive bilaterally. He has tenderness to palpation of the lumbar paravertebral muscles with spasm. His straight leg raise is negative. He has tenderness to palpation of the anterior right shoulder with a positive Neer's and Hawkin's but apprehension is negative. The right forearm notes healed bite marks-lacerations. There is tenderness to palpation of the volar forearm with spasm. Valgus is negative. The right knee notes tenderness to palpation of the anterior knee and medial knee with a positive McMurray's and negative Valgus, Varus, Anterior Drawer and posterior drawer. The provider is waiting for the neurologist, AME, EMG-NCV study of the upper and lower extremities, MRI of the cervical, lumbar spines and right

shoulder as well as blood work to evaluate his liver, kidney and CBC functions. He has requested authorization of physical therapy for the cervical lumbar spine, right shoulder and right knee. A Request for Authorization is dated 8-27-15. A Utilization Review letter is dated 7-28-15 and non-certification was for retrospective HMPHCC2 Compound 240gm consisting of Flurbiprofen, Baclofen, camphor, menthol, dexamethasone micro, capsaicin, hyaluronic acid in cream base (DOS 6-17-2015). The provider is requesting authorization of retrospective HMPHCC2 Compound 240gm consisting of Flurbiprofen, Baclofen, camphor, menthol, dexamethasone micro, capsaicin, hyaluronic acid in cream base (DOS 6-17-2015) for general joint and musculoskeletal pain and to minimize neurovascular complications and avoid complications with narcotic medications as well as upper GI bleeding from use of NSAID medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective HMPHCC2 Compound 240gm consisting of flurbiprofen, baclofen, camphor, menthol, dexamethasone micro, capsaicin, hyaluronic acid in cream base (DOS 6/17/2015): 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: 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, biogenic amines, 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 or medically necessary.