

Case Number:	CM15-0169883		
Date Assigned:	09/10/2015	Date of Injury:	03/01/2009
Decision Date:	10/28/2015	UR Denial Date:	07/24/2015
Priority:	Standard	Application Received:	08/28/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 59 year old male who sustained an industrial injury on 3-1-09. He had complaints of right upper extremity and elbow pain. Progress report dated 6-30-15 reports continued complaints of elbow and hand pain. He does most or some of his activities of daily living. He reports some relief in migraines from Maxalt. Diagnoses include: migraine, gastritis, non-organic sleep disturbance, sprain elbow and forearm. Plan of care includes: no change in impairments or disabilities, he needs to continue medications and will continue the transdermal creams. Work status: return to work with restrictions of no repetitive standing, sitting, bending and use of hands.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 10%, Gabapentin 6%, Bupivacaine 5%, Mometasone 0.1%, Baclofen 2%, Cyclobenzaprine 2%, Clonidine 0.2%, Sodium Hyaluronate 0.2% cream: 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 Ketoprofen 10%, Gabapentin 6%, Bupivacaine 5%, Mometasone 0.1%, Baclofen 2%, Cyclobenzaprine 2%, Clonidine 0.2%, Sodium Hyaluronate 0.2% cream, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Muscle relaxants drugs are not supported by the CA MTUS for topical use. 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. As such, the currently requested Ketoprofen 10%, Gabapentin 6%, Bupivacaine 5%, Mometasone 0.1%, Baclofen 2%, Cyclobenzaprine 2%, Clonidine 0.2%, Sodium Hyaluronate 0.2% cream is not medically necessary.

Amantadine 8%, Diclofenac 3%, Baclofen 2%, Cyclobenzaprine 2%, Gabapentin 10%, Bupivacaine 5%, Pentoxifylline 10% cream: 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 Amantadine 8%, Diclofenac 3%, Baclofen 2%, Cyclobenzaprine 2%, Gabapentin 10%, Bupivacaine 5%, Pentoxifylline 10% cream, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Muscle relaxants drugs are not supported by the CA MTUS for topical use. 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. As such, the currently requested Amantadine 8%, Diclofenac 3%, Baclofen 2%, Cyclobenzaprine 2%, Gabapentin 10%, Bupivacaine 5%, Pentoxifylline 10% cream is not medically necessary.

Pentoxifylline 5%, Aminophylline 3%, Lidocaine 2.5% cream: 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 Pentoxifylline 5%, Aminophylline 3%, Lidocaine 2.5% cream, 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 lidocaine is "Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica)".

Additionally, it is supported only as a dermal patch. As such, the currently requested Pentoxifylline 5%, Aminophylline 3%, Lidocaine 2.5% cream is not medically necessary.

Flurbiprofen 20%, Baclofen 2%, Dexamethasone 2%, Menthol 2%, Camphor 2%, Capsaicin 0.035%, Sodium Hyaluronate 0.2% cream: 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 Flurbiprofen 20%, Baclofen 2%, Dexamethasone 2%, Menthol 2%, Camphor 2%, Capsaicin 0.035%, Sodium Hyaluronate 0.2% cream, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Muscle relaxants drugs are not supported by the CA MTUS for topical use. As such, the currently requested Flurbiprofen 20%, Baclofen 2%, Dexamethasone 2%, Menthol 2%, Camphor 2%, Capsaicin 0.035%, Sodium Hyaluronate 0.2% cream is not medically necessary.