

Case Number:	CM15-0181359		
Date Assigned:	09/22/2015	Date of Injury:	05/07/2015
Decision Date:	10/28/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/15/2015

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: Preventive Medicine, Occupational 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 60-year-old female, who sustained an industrial injury on 5-7-15. The injured worker was diagnosed as having left ankle internal derangement, right small toe fracture and left foot tenosynovitis. The physical exam (5-7-15 through 7-21-15) revealed 7-9 out of 10 pain, tenderness to palpation in the left ankle and bilateral feet, swelling in the left ankle and bilateral feet and a negative Tinel's sign. Treatment to date has included an MRI of the right and left foot, Ultram and Norco. Current medications include Tramadol, Pantoprazole, HMPHCC2 cream, and HNPC1 cream (since at least 8-11-15). As of the PR2 dated 8-11-15, the injured worker reports pain in her left ankle and bilateral feet. She rates her pain 7-9 out of 10. Objective findings include tenderness to palpation in the left ankle and bilateral feet, swelling in the left ankle and bilateral feet and a negative Tinel's sign. The treating physician requested HMPHCC2 (Flurbiprofen 20%, Baclofen 5%, Camphor 2%, Menthol 2%, Dexamethasone Micro 0.2%, Capsaicin 0.025%, Hyaluronic Acid 0.2% in cream base) 240gm, #1 30 day supply, HNPC1 (Amitriptyline HCL 10%, Gabapentin 10%, Bupivacaine HCL 5%, Hyaluronic Acid 0.2% in cream base) 240gm, #1 30 day supply and Pantoprazole 20mg #60. The Utilization Review dated 8-26-15, non-certified the request for HMPHCC2 (Flurbiprofen 20%, Baclofen 5%, Camphor 2%, Menthol 2%, Dexamethasone Micro 0.2%, Capsaicin 0.025%, Hyaluronic Acid 0.2% in cream base) 240gm, #1 30 day supply, HNPC1 (Amitriptyline HCL 10%, Gabapentin 10%, Bupivacaine HCL 5%, Hyaluronic Acid 0.2% in cream base) 240gm, #1 30 day supply and Pantoprazole 20mg #60 and certified the request for Tramadol ER 150mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective compound medication: HMPHCC2 (Flurbiprofen 20%, Baclofen 5%, Camphor 2%, Menthol 2%, Dexamethasone Micro 0.2%, Capsaicin 0.025%, Hyaluronic Acid 0.2% in cream base) 240gm, #1 30 day supply (DOS: 08/11/2015): 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): Muscle relaxants (for pain), Capsaicin, topical, NSAIDs (non-steroidal anti-inflammatory drugs), Topical Analgesics.

Decision rationale: The MTUS Guidelines recommend the use of topical analgesics as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Topical capsaicin is recommended by the MTUS Guidelines only as an option in patients who have not responded or are intolerant to other treatments. There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain. Topical NSAIDs, have been shown to be superior to placebo for 4-12 weeks for osteoarthritis of the knee. The injured worker's pain is not described as pain from osteoarthritis. Topical flurbiprofen is not an FDA approved formulation. The MTUS Guidelines state that there is no evidence for use of muscle relaxants, such as baclofen, as a topical product. The MTUS Guidelines or the ODG does not address camphor, but it is often included in formulations of anesthetic agents. It is used topically to relieve pain and reduce itching. It is used topically to increase local blood flow and as a "counterirritant" which reduces pain and swelling by causing irritation. Menthol is not addressed by the MTUS Guidelines, but it is often included in formulations of anesthetic agents. It induces tingling and cooling sensations when applied topically. Menthol induces analgesia through calcium channel-blocking actions, as well as binding to kappa-opioid receptors. Menthol is also an effective topical permeation enhancer for water-soluble drugs. There are reports of negative effects from high doses of menthol such as 40% preparations. There is no evidence-based guideline in support of the use of topical hyaluronic acid for pain management. As at least one of the medications in the requested compounded medication is not supported by the guidelines, the request for retrospective compound medication: HMPHCC2 (Flurbiprofen 20%, Baclofen 5%, Camphor 2%, Menthol 2%, Dexamethasone Micro 0.2%, Capsaicin 0.025%, Hyaluronic Acid 0.2% in cream base) 240gm, #1 30 day supply (DOS: 08/11/2015) is determined to not be medically necessary.

Retrospective compound medication: HNPC1 (Amitriptyline HCL 10%, Gabapentin 10%, Bupivacaine HCL 5%, Hyaluronic Acid 0.2% in cream base) 240gm, #1 30 day supply (DOS: 08/11/2015): 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): Muscle relaxants (for pain), Topical Analgesics.

Decision rationale: The MTUS Guidelines recommend the use of topical analgesics as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Amitriptyline is a tricyclic antidepressant that shares some properties of muscle relaxants. The MTUS Guidelines and ODG do not address the use of amitriptyline or other antidepressants as topical agents for pain; however, the MTUS Guidelines specifically reports that there is no evidence to support the use of topical formulations of muscle relaxants. The MTUS Guidelines do not recommend the use of topical gabapentin as there is no peer-reviewed literature to support use. There is no evidence-based guideline in support of the use of topical hyaluronic acid for pain management. As at least one of the medications in the requested compounded medication is not supported by the guidelines, the request for retrospective compound medication: HNPC1 (Amitriptyline HCL 10%, Gabapentin 10%, Bupivacaine HCL 5%, Hyaluronic Acid 0.2% in cream base) 240gm, #1 30 day supply (DOS: 08/11/2015) is determined to not be medically necessary.

Retrospective Pantoprazole 20mg, #60 (DOS: 08/11/2015): 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): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: The MTUS Guidelines recommend the use of a proton pump inhibitor (PPI) such as pantoprazole or the use of misoprostol in patients that are at intermediate risk or a gastrointestinal event when using NSAIDs. There is no indication that the injured worker is at increased risk of gastrointestinal events or that she has experienced a gastrointestinal event while taking NSAIDs. There is no indication that the injured worker is taking an oral NSAID. The request for retrospective Pantoprazole 20mg, #60 (DOS: 08/11/2015) is determined to not be medically necessary.