

Case Number:	CM15-0181881		
Date Assigned:	09/23/2015	Date of Injury:	07/05/2011
Decision Date:	10/27/2015	UR Denial Date:	08/19/2015
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: Massachusetts

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:

This is a 49-year-old female worker with a date of injury 7-5-2011. The medical records indicated the injured worker (IW) was treated for status post right thumb interphalangeal-1 joint and metacarpopharangeal-1 joint impaction or hyperextension injury, surgical reconstruction with K wire and subsequent removal of K wire; right thumb interphalangeal-1 joint extension contracture; right thumb metacarpopharangeal-1 joint extension contracture; right thumb hypoesthesia; right thenar eminence chronic pain; and right first web space status post cortisone injections (10-4-13 and 10-30-14). In the 7-16-15 progress notes, the IW reported pain in the right thumb was getting worse. She reported difficulty with writing, grasping, lifting and driving as she did on her 6-17-15 visit, but she now reported difficulty with personal hygiene and self-care activities. Medications included transdermal pain cream HMPC2 and HNPC1, Remeron, Fexmid, Lunesta, Protonix and Tramadol. Objective findings on 7-16-15 included slight decreased pain to the A1 pulley region of the right thumb, no significant change in range of motion of the right thumb, no active triggering and moderate pain in the thenar eminence. Treatments included medications, cortisone injections and hand therapy. The IW was temporarily totally disabled. The treatment plan was for continued acupuncture and transdermal pain cream. The records did not include failed trials of anti-depressants or anti-convulsants. A Request for Authorization was received for HMPC2- Flurbiprofen 20%, Baclofen 10%, Dexamethasone Micro 0.2% and Hyaluronic acid 0.2% in cream base 240grams; apply 2-3 times daily; HMPC1 - Amitriptyline 10%, Gabapentin 10%, Bupivacaine 5% and Hyaluronic acid 0.2% in cream base 240grams; apply 2-3 times daily. The Utilization Review on 8-19-15 non-certified the request for HMPC2 - Flurbiprofen 20%, Baclofen 10%, Dexamethasone Micro 0.2% and Hyaluronic acid 0.2% in cream base 240grams, apply 2-3 times daily; and HMPC1 -

Amitriptyline 10%, Gabapentin 10%, Bupivacaine 5% and Hyaluronic acid 0.2% in cream base 240grams; apply 2-3 times daily, as these treatments are not recommended by CA MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20%/Baclofen 10%/Dexamethasone Micro 0.2%/Hyaluronic acid 0.2% in cream base 240g: 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 claimant sustained a work injury in July 2011 and continues to be treated after an injury to the right thumb. She underwent K wire placement in January 2012. A second surgery had been recommended and has been declined. Recent treatments include hand therapy with completion of six sessions as of 03/25/15. When seen, she was having worsening thumb pain and difficulty with activities of daily living. Her range of motion was unchanged. There was no active triggering of the finger. Medications were prescribed including topical compounded creams. Compounded topical preparations of flurbiprofen are used off-label (non-FDA approved) and have not been shown to be superior to commercially available topical medications such as Diclofenac. Baclofen is a muscle relaxant and there is no evidence for the use of any muscle relaxant as a topical product. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it would be difficult or impossible to determine whether any derived benefit was due to a particular component. Dexamethasone is also a component and prescribing two anti-inflammatory medications is duplicative. In this case, there are other single component topical treatments that could be considered. This request is not medically necessary.

Amitriptyline 10%/Gabapentin 10%/Bupivacaine 5%/Hyaluronic acid 0.2% in cream base 240g: 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 claimant sustained a work injury in July 2011 and continues to be treated after an injury to the right thumb. She underwent K wire placement in January 2012. A second surgery had been recommended and has been declined. Recent treatments include hand therapy with completion of six sessions as of 03/25/15. When seen, she was having worsening thumb pain and difficulty with activities of daily living. Her range of motion was unchanged. There was no active triggering of the finger. Medications were prescribed including topical compounded creams. Oral Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line

treatment for neuropathic pain. Its use as a topical product is not recommended. Many agents are compounded as monotherapy or in combination for pain control such as opioids anti-depressants, glutamate receptor antagonists, alpha-adrenergic receptor agonists, adenosine, cannabinoids, cholinergic receptor agonists, GABA agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor. There is little to no research to support the use of many these agents including Amitriptyline. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it would be difficult or impossible to determine whether any derived benefit was due to a particular component. In this case, there are other single component topical treatments with generic availability that could be considered. This medication is not considered medically necessary.