

Case Number:	CM15-0183458		
Date Assigned:	09/24/2015	Date of Injury:	09/23/2012
Decision Date:	10/29/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/17/2015

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: Emergency 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 38-year-old female, who sustained an industrial injury on 9-23-12. She reported pain in the neck, shoulders, wrists, hands, lower back, left hip, thigh, bilateral knees, and left ankle. The injured worker was diagnosed as having cervical spine sprain or strain rule out herniated nucleus pulposus, cervical radiculopathy, bilateral wrist or hand sprain or strain rule out internal derangement, lumbar spine sprain or strain rule out herniated nucleus pulposus, lumbago, lumbar radiculopathy, bilateral knee sprain or strain rule out internal derangement, right knee medial and lateral meniscal tears, bilateral knee ligament tears, right knee patellar bursitis, right knee patella chondromalacia, left ankle or foot sprain or strain rule out internal derangement, left ankle peroneus and brevis tendonitis, and left ankle Achilles tenosynovitis. Treatment to date has included chiropractic treatment, acupuncture, injections, and medication. On 7-30-15, pain was rated as 5 of 10. Physical examination findings on 7-30-15 included tenderness to palpation at the suboccipital region as well as over both scalene and trapezius muscles. Cervical spine range of motion was decreased. Tenderness to palpation was noted over the carpal bones and Tinel's sign was positive bilaterally. Tenderness to palpation in the lumbar paraspinal muscles and bilateral knee medial and lateral joint lines was noted with decreased range of motion. Tenderness to palpation over the medial and lateral malleolus and heel was noted with positive anterior and posterior drawer's tests bilaterally. Currently, the injured worker complains of neck pain, bilateral wrist pain, bilateral hand pain, low back pain, bilateral knee pain, left ankle pain, and foot pain. Muscle spasms were also noted. The treating physician requested authorization for Flurbiprofen 20%, Baclofen 10%, Dexamethasone Micro 0.2%, Hyaluronic Acid 0.2% 240g and Amitriptyline HCL 10%, Gabapentin 10%, Bupivacaine HCL 5%, Hyaluronic Acid 0.2% 240g. On 8-27-15, the requests were non-certified; the utilization review physician noted "as the guidelines indicated

topical formulations of Baclofen are not recommended as they have not been found to be effective." The treating physician also noted Gabapentin is not recommended as there is no peer-reviewed literature to support use.

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% 240 grams 2-3 times per day: 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 requested Flurbiprofen 20%, Baclofen 10%, Dexamethasone Micro 0.2%, Hyaluronic Acid 0.2% 240 grams 2-3 times per day, is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of anti-depressants and anti-convulsants". The injured worker has neck pain, bilateral wrist pain, bilateral hand pain, low back pain, bilateral knee pain, left ankle pain, and foot pain. Muscle spasms were also noted. The treating physician has not documented trials of anti-depressants or anti-convulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis, nor objective evidence of functional improvement from any previous use. The criteria noted above not having been met, Flurbiprofen 20%, Baclofen 10%, Dexamethasone Micro 0.2%, Hyaluronic Acid 0.2% 240 grams 2-3 times per day is not medically necessary.

Amitriptyline HCL 10%, Gabapentin 10%, Bupivacaine HCL 5%, Hyaluronic Acid 0.2% 240 grams 2-3 times per day: 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 requested Amitriptyline HCL 10%, Gabapentin 10%, Bupivacaine HCL 5%, Hyaluronic Acid 0.2% 240 grams 2-3 times per day, is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of anti-depressants and anti-convulsants". The injured worker has neck pain, bilateral wrist pain, bilateral hand pain, low back pain, bilateral knee pain, left ankle pain, and foot pain. Muscle spasms were also noted. The treating physician has not documented trials of anti-depressants or anti-convulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis, nor objective evidence of functional improvement from any previous use. The criteria noted above not having been met,

Amitriptyline HCL 10%, Gabapentin 10%, Bupivacaine HCL 5%, Hyaluronic Acid 0.2% 240 grams 2-3 times per day is not medically necessary.