

Case Number:	CM15-0183569		
Date Assigned:	09/24/2015	Date of Injury:	01/18/2013
Decision Date:	11/25/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/18/2015

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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 65 year old female, who sustained an industrial injury on January 18, 2013. She reported pain in her right shoulder and right knee. The injured worker was currently diagnosed as having right shoulder sprain and strain, right knee internal derangement, right knee sprain and strain and knee arthroscopy. Treatment to date has included surgery, physical therapy, acupuncture, diagnostic studies and medication. On August 12, 2015, the injured worker complained of throbbing right shoulder pain and stiffness rated a 7 on a 1-10 pain scale. She also complained of throbbing right knee pain with stiffness, tingling and weakness rated a 7 on the pain scale. Her pain was noted to be relieved by medication, massage and physical therapy. The treatment plan included HMPC2 - Flurbiprofen 20%, Baclofen 10%, Dexamethasone Micro 0.2%, Hyaluronic acid 0.2% in cream base and compound HNPC1 - Amitriptyline HCL (hydrochloride) 10%, Gabapentin 10%, Bupivacaine HCL (hydrochloride) 5%, Hyaluronic acid 0.2% in cream base. On August 20, 2015, utilization review denied a request for compound HMPC2 - Flurbiprofen 20%, Baclofen 10%, Dexamethasone Micro 0.2%, Hyaluronic acid 0.2% in cream base 240 grams and compound HNPC1 - Amitriptyline HCL (hydrochloride) 10%, Gabapentin 10%, Bupivacaine HCL (hydrochloride) 5%, Hyaluronic acid 0.2% in cream base 240 grams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound HMPC2 - Flurbiprofen 20%, Baclofen 10%, Dexamethasone Micro 0.2%, Hyaluronic acid 0.2% in cream base, Qty 240 grams: 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: Per the CA MTUS regarding topical analgesics, Chronic Pain Medical Treatment Guidelines, Topical analgesics, page 111-112 "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. 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." In this case the current request does not meet CA MTUS guidelines and therefore the request is not medically necessary.

Compound HNPC1 - Amitriptyline HCL (hydrochloride) 10%, Gabapentin 10%, Bupivacaine HCL (hydrochloride) 5%, Hyaluronic acid 0.2% in cream base, Qty 240 grams: 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: Per the CA MTUS regarding topical analgesics, Chronic Pain Medical Treatment Guidelines, Topical analgesics, page 111-112 "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. 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." In this case the current request does not meet CA MTUS guidelines and therefore the request is not medically necessary.