

Case Number:	CM15-0184271		
Date Assigned:	09/24/2015	Date of Injury:	01/27/2015
Decision Date:	11/03/2015	UR Denial Date:	08/21/2015
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: Montana

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 46 year old female, who sustained an industrial injury on 1-27-15. The documentation on 8-3-15 noted that the injured worker has complaints of intermittent moderate to 6 out of 10 sharp low back pain and stiffness radiating to both legs with numbness, tingling and weakness and intermittent moderate to 5 out of 10 achy right elbow pain and stiffness. Lumbar spine examination revealed that the range of motion is decreased and painful and there is tenderness to palpation of the bilateral S1 (sacroiliac) joints, coccyx, lumbar paravertebral muscles and sacrum. There is muscle spasm of the lumbar paravertebral muscles Lasague's is positive bilaterally at 65 degrees. Kemp's is positive straight leg raise is positive bilaterally. Right elbow examination revealed range of motion is decreased and painful and there is tenderness to palpation of the lateral epicondyle Cozen's is positive. The diagnoses have included sprain of lumbar; thoracic or lumbosacral neuritis or radiculitis, unspecified and right lateral epicondylitis. Treatment to date has included compound creams; gabapentin for nerve pain; ibuprofen; diclofenac sodium for pain and inflammation and tramadol for chronic pain. Left elbow X-ray on 6-29-15 showed an unremarkable elbow study. The original utilization review (8-21-15) non-certified the request for 1 container of amitriptyline HCL 10%, gabapentin 10%, bupivacaine HCL 5%, hyaluronic acid 0.2% in cream base 240 grams and 1 container of flurbiprofen 20%, baclofen 5%, dexamethasone 2%, menthol 2%, camphor 2%, capsaicin 0.025% 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:

1 Container of Amitriptyline HCL 10%, Gabapentin 10%, Bupivacaine HCL 5%, Hyaluronic Acid 0.2% in cream base 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: The MTUS, in the ACOEM guidelines, states that, for initial treatment, topical medications are not recommended. The Chronic Pain Medical Treatment Guidelines note that topical analgesics are 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. The MTUS does not recommend use of topical gabapentin or hyaluronic acid. It states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case the request for 1 Container of Amitriptyline HCL 10%, Gabapentin 10%, Bupivacaine HCL 5%, Hyaluronic Acid 0.2% in cream base 240 grams is not medically necessary.

1 Container of Flurbiprofen 20%, Baclofen 5%, Dexamethasone 2%, Menthol 2%, Camphor 2%, Capsaicin 0.025% in cream base 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: The MTUS, in the ACOEM guidelines, states that, for initial treatment, topical medications are not recommended. The Chronic Pain Medical Treatment Guidelines note that topical analgesics are 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. This topical analgesic contains flurbiprofen, which is a non-steroidal anti-inflammatory medications (NSAIDs). The MTUS states that topical non-steroidal anti-inflammatory agents have not been shown to be effective in long-term studies. Topical non-steroidal anti-inflammatory agents have shown inconsistent efficacy in clinical trials and most studies are small and of short duration. Topical NSAIDs have been shown in meta- analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward or with a diminishing effect over another 2-week period. (Lin, 2004) (Bjordal, 2007) (Mason, 2004) When investigated specifically for osteoarthritis of the knee, topical NSAIDs have been shown to be superior to placebo for 4 to 12 weeks. In this study the effect appeared to diminish over time and it was stated that further research was required to determine if results were similar for all preparations. (Biswal, 2006) These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Topical treatment can result in blood concentrations and systemic effects comparable to those from oral forms, and caution should be used for

patients at risk, including those with renal failure. (Krummel 2000) The MTUS also does not recommend use of topical Baclofen, camphor or menthol. It states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case the request for 1 Container of Flurbiprofen 20%, Baclofen 5%, Dexamethasone 2%, Menthol 2%, Camphor 2%, Capsaicin 0.025% in cream base 240 grams is not medically necessary.