

Case Number:	CM15-0188799		
Date Assigned:	10/27/2015	Date of Injury:	08/02/2013
Decision Date:	12/08/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/25/2015

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric
 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 50 year old female, who sustained an industrial injury on 8-2-2013. The medical records indicate that the injured worker is undergoing treatment for status post major fall left wrist, left thumb near complete lateral dislocation: subluxation Tm-MC-1 joint, left thumb ligament tears; intercarpal and volar ligament tear and partial tear dorsal radial ligament, left De Quervain's disease, status post left thumb reconstruction, left thumb complete dislocation: subluxation carpometacarpal 1 joint, left carpal bone erosion number 8, and status post left thumb basal joint arthroplasty. According to the progress report dated 8-20-2015, the injured worker presented with complaints of left thumb numbness, stiffness, and pain, left hand pinky, ring, middle, and index finger stiffness, and left hand swelling. The physical examination of the left hand reveals soft tissues-graft fullest to the radial side of the basal joint and limited range of motion secondary to complete immobilization. The current medications are Tylenol #4 and Cymbalta. Previous diagnostic studies include x-rays and MRI studies of the left hand-wrist. Treatments to date include medication management and surgical intervention. Work status is described as temporarily totally disabled. The original utilization review (9-9-2015) had non-certified a request for HMPC2 (Flurbiprofen 20%, Baclofen 10%, Dexamethasone Micro 0.2%, Hyaluronic Acid 0.2% in Cream Base) and HNPC1 (Amitriptyline HCl 10%, Gabapentin 10%, Bupivacaine 5%, Hyaluronic Acid 0.2% in Cream Base).

IMR ISSUES, DECISIONS AND RATIONALES

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

HMPC2 - Flurbiprofen 20%/Baclofen 10%/Dexamethasone Micro 0.2%/Hyaluronic Acid 0.2% in Cream Base, 240 grams apply 2-3 times a 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: Per the guidelines, topical analgesics are largely experimental with few randomized trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder and there is no evidence to support its use in neuropathic pain. There is no documentation of efficacy with regards to pain and functional status or a discussion of side effects specifically related to the topical analgesic. Regarding topical Flurbiprofen 20%/Baclofen 10%/Dexamethasone Micro 0.2%/Hyaluronic Acid 0.2% in Cream Base, 240 grams apply 2-3 times a day in this injured worker, the records do not provide clinical evidence to support medical necessity.

HNPC1 - Amitriptyline HCl 10%/Gabapentin 10%/Bupivacaine 5%/Hyaluronic Acid 0.2% in Cream Base, 240 grams apply 2-3 times a 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: Per the guidelines, topical analgesics are largely experimental with few randomized trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no documentation of efficacy with regards to pain and functional status or a discussion of side effects specifically related to the topical analgesic. Regarding topical HNPC1 Amitriptyline HCl 10%/Gabapentin 10%/Bupivacaine 5%/Hyaluronic Acid 0.2% in Cream Base, 240 grams apply 2-3 times a day in this injured worker, the records do not provide clinical evidence to support medical necessity.