

Case Number:	CM15-0190305		
Date Assigned:	10/02/2015	Date of Injury:	08/07/2014
Decision Date:	11/12/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	09/28/2015

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 Jersey

Certification(s)/Specialty: Family Practice

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 male, who sustained an industrial injury on 8-7-2014. A review of the medical records indicates that the injured worker is undergoing treatment for right knee meniscus tear and right knee sprain-strain. On 7-15-2015, the injured worker reported continuous right knee pain rated a 5 on a scale of 1 to 10 with 1 being the lowest level of pain and 10 the maximum level of pain. The Primary Treating Physician's report dated 7-15-2015 did not include documentation of objective findings other than the injured worker was right hand dominant. Prior treatments have included Diclofenac, Flexeril, Cartivisc, Ultram, and Zolpidem. The treatment plan was noted to include medications dispensed including Tramadol ER and Cyclobenzaprine, with requests for authorization for HMPHCC2 - Flurbiprofen 20%-Baclofen 5%-Camphor 2%-Menthol 2%-Dexamethasone Micro 0.2%-Capsaicin 0.025%-Hyaluronic Acid 0.2% in cream base and HNPC1 - Amitriptyline HCL 10%-Gabapentin 10%-Bupivacaine HCL 5%- Hyaluronic Acid 0.2% in cream base. The Physician noted the topical medications were prescribed in order to minimize possible neurovascular complications and to avoid complications associated with the use of narcotic medications as well as upper gastrointestinal (GI) bleeding from the use of non-steroid anti-inflammatory drugs (NSAIDs). The Physician noted the injured worker was to remain off work until 8-14-2015. The request for authorization dated 7-15-2015, requested HMPHCC2 - Flurbiprofen 20%-Baclofen 5%-Camphor 2%-Menthol 2%-Dexamethasone Micro 0.2%-Capsaicin 0.025%-Hyaluronic Acid 0.2% in cream base and HNPC1 - Amitriptyline HCL 10%-Gabapentin 10%-Bupivacaine HCL 5%- Hyaluronic Acid 0.2% in cream base. The Utilization Review (UR) dated 9-11-2015, non-certified the requests for

HMPHCC2 - Flurbiprofen 20%-Baclofen 5%-Camphor 2%-Menthol 2%-Dexamethasone Micro 0.2%-Capsaicin 0.025%-Hyaluronic Acid 0.2% in cream base and HNPC1 - Amitriptyline HCL 10%-Gabapentin 10%-Bupivacaine HCL 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:

HMPHCC2 - Flurbiprofen 20%/Baclofen 5%/Camphor 2%/Menthol 2%/Dexamethasone Micro 0.2%/Capsaicin 0.025%/Hyaluronic Acid 0.2% in cream base: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The MTUS Chronic Pain Guidelines state that topical analgesics are generally considered experimental as they have few controlled trials to determine efficacy and safety currently. Topical NSAIDs, specifically, have some data to suggest it is helpful for osteoarthritis and tendinitis for at least short periods of time, but there are no long-term studies to help us know if they are appropriate for treating chronic musculoskeletal pain. Topical NSAIDs have not been evaluated for the treatment of the spine, hip, or shoulder. The MTUS Guidelines also state specifically that topical baclofen and other muscle relaxants are not recommended due to their lack of supportive data for use in chronic pain. Also, any ingredient in a combination product which is not recommended is deemed not recommended in its entirety, according to the MTUS Guidelines. In the case of this worker, a combination topical analgesic product which contained baclofen was recommended to this worker, including a topical NSAID as well (Flurbiprofen). The baclofen is not recommended, and the Flurbiprofen is not recommended for long-term use. Therefore, there is sufficient evidence from this request to consider this combination topical analgesic product not medically necessary.

HNPC1 - Amitriptyline HCL 10%/Gabapentin 10%/Bupivacaine HCL 5%/ Hyaluronic Acid 0.2% in cream base: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The MTUS Chronic Pain Guidelines state that topical analgesics are generally considered experimental as they have few controlled trials to determine efficacy and safety currently. The MTUS Guidelines also state specifically that topical gabapentin and other topical anti-epileptics are not recommended due to their lack of supportive data for use in chronic pain. Also, any ingredient in a combination product which is not recommended is

deemed not recommended in its entirety, according to the MTUS Guidelines. In the case of this worker, a combination topical analgesic product which contains gabapentin was recommended to this worker, which is not recommended. Therefore, there is sufficient evidence from this request to consider this combination topical analgesic product not medically necessary.