

Case Number:	CM15-0191171		
Date Assigned:	10/05/2015	Date of Injury:	07/22/2013
Decision Date:	11/10/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	09/29/2015

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: Physical Medicine & Rehabilitation

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 44 year old male, who sustained an industrial injury on 7-22-2013. The medical records submitted did not include documentation regarding the details of the initial injury. Diagnoses include cervical disc displacement, degenerative disc disease, thoracic spine pain, low back pain, lumbar disc displacement, degenerative disc disease, and lumbar disc displacement. Treatments to date include activity modification, medication therapy, physical therapy, acupuncture, shockwave therapy, and therapeutic injections and epidural steroid injections. Currently, he complained of no change in neck, mid back, and low back pain with muscle spasms. Medications were noted to offer temporary relief of pain and improve ability for a restful sleep and increased activity. The medical records indicated greater than six months of medications prescribed including Depreizine, Dicopanol, Fanatrex, Synapryn, Tabradol, Cyclobenzaprine, Ketoprofen cream, and Compound topicals including HMPC2 and HNPC1. On 8-26-15, the physical examination documented tenderness with palpation in the cervical, thoracic, and lumbar spines, with muscle guarding, spasms, and decreased range of motion. There was decreased strength noted in bilateral upper and lower extremities. The straight leg raise test and sitting root test were positive bilaterally. The plan of care included medication management. The appeal requested authorization for prescriptions including HNPC1 (Amitriptyline HCL 10%, Gabapentin 10%, Bupivacaine HCL 5%, Hyaluronic Acid 0.2%) in a cream base 240grams and HMPC2 (Flurbiprofen 20%, Baclofen 10%, Dexamethasone Micro 0.2%, Hyaluronic Acid 0.2%) in cream base 240 grams. The Utilization Review dated 9-16-15, denied this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

HNPC1-Amitriptyline Hydrochloride 10%, Gabapentin 10%, Bupivacaine Hydrochloride 5%, Hyaluronic Acid 0.2% in cream base 240gm: 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 MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with diffuse spine and joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic to include a compounded anti-depressant and anti-epileptic over oral formulation for this chronic injury without documented functional improvement from treatment already rendered. Guidelines do not recommend long-term use of antidepressant without improved functional outcomes attributable to their use. Additionally, Guidelines do not recommend long-term use of this anti-seizure medication for this chronic 2013 injury without improved functional outcomes attributable to their use. The HNPC1-Amitriptyline Hydrochloride 10%, Gabapentin 10%, Bupivacaine Hydrochloride 5%, Hyaluronic Acid 0.2% in cream base 240gm is not medically necessary and appropriate.

HMPC2- Flurbiprofen 20%, Baclofen 10%, Deamethasone Micro 0.2%, Hyaluronic Acid 0.2% in cream base 240gms: 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 MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with diffuse spine and joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic to include a compounded NSAID, muscle relaxant and steroid over oral formulation for this chronic injury

without documented functional improvement from treatment already rendered. Guidelines do not recommend long-term use of NSAID without improved functional outcomes attributable to their use. Additionally, Guidelines do not recommend long-term use of this muscle relaxant and steroid medications for this chronic injury without improved functional outcomes attributable to their use. The HMPC2- Flurbiprofen 20%, Baclofen 10%, Deamethasone Micro 0.2%, Hyaluronic Acid 0.2% in cream base 240gms is not medically necessary and appropriate.