

Case Number:	CM15-0191966		
Date Assigned:	10/06/2015	Date of Injury:	10/21/2014
Decision Date:	11/12/2015	UR Denial Date:	09/18/2015
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: North Carolina

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:

This is a 51 year old male who sustained a work-related injury on 10-21-14. Medical record documentation on 9-1-15 revealed the injured worker was being treated for cervical spine sprain-strain, rule out cervical radiculopathy, right shoulder sprain-strain, thoracic spine sprain-strain, lumbar spine sprain-strain and rule out lumbar radiculopathy. He reported neck pain rated a 6 on a 10-point scale, right shoulder pain rated at 6 on a 10-point scale, mid back pain rated a 5-6 on a 10-point scale and radicular low back pain with muscle spasms rated a 6-7 on a 10-point scale. Objective findings included tenderness to palpation and spasms at the upper trapezius muscles, cervical spine flexion and extension to 35 degrees, bilateral cervical rotation to 55 degrees, left lateral flexion to 30 degrees and right lateral flexion to 25 degrees. He had right shoulder tenderness to palpation at the delto-pectoral groove over the rhomboid muscle and his right shoulder range of motion was flexion to 125 degrees, extension to 20 degrees, abduction to 100 degrees, adduction to 30 degrees and bilateral rotation to 50 degrees. Thoracic spine examination revealed tenderness to palpation at the trapezius muscles, flexion to 45 degrees, extension to 25 degrees, and bilateral rotation to 60 degrees. Lumbar spine examination revealed tenderness to palpation at the lumbar paraspinal muscles and over L2-S1; flexion to 35 degrees, extension, bilateral lateral flexion and bilateral rotation to 15 degrees. A request for HMPC2 240 gram (Flurbiprofen 20%/ Baclofen 10%/Dexamethasone Micro 0.2 %/Hyaluronic Acid 0.2%) and Compound HNPC1 240 gram (Amitriptyline HCL 10%/Gabapentin 10%/bupivacaine HCL 5%/Hyaluronic Acid 0.2%) was received on 9-1-15. On 9-18-15, the Utilization Review physician determined Compound HMPC2 240 gram (Flurbiprofen 20%/Baclofen 10%/Dexamethasone Micro 0.2 %/Hyaluronic Acid 0.2%) and Compound HNPC1 240 gram (Amitriptyline HCL 10%/Gabapentin 10%/bupivacaine HCL 5%/Hyaluronic Acid 0.2%) was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound HMPC2 240gm (Flurbiprofen 20%/Baclofen 10%/Dexamethasone Micro 0.2%/Hyaluronic Acid 0.2%): Upheld

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

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

Decision rationale: The California chronic pain medical treatment guidelines section on topical analgesics states: Recommended as an option as indicated below. 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. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) 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. The requested medication contains ingredients (baclofen), which are not indicated per the California MTUS for topical analgesic use. Therefore, the request is not medically necessary.

Compound HNPC1 240gm (Amitriptyline HCL 10%/Gabapentin 10%/Bupivacaine HCL 5%/Hyaluronic Acid 0.2%): Upheld

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

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

Decision rationale: The California chronic pain medical treatment guidelines section on topical analgesics states: Recommended as an option as indicated below. 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. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of

systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, dopaminergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanooids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) 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. The requested medication contains ingredients (gabapentin), which are not indicated per the California MTUS for topical analgesic use. Therefore, the request is not medically necessary.