

Case Number:	CM15-0193417		
Date Assigned:	10/07/2015	Date of Injury:	11/20/2006
Decision Date:	11/16/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/01/2015

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: Arizona, California
 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 37 year old male, who sustained an industrial injury on 11-20-06. The injured worker was diagnosed as having cervical spine pain, status post cervical fusion surgery with residual pain, cervical spine radiculopathy, right shoulder pain, right elbow cubital tunnel syndrome, and right hand internal derangement. Treatment to date has included a cervical epidural steroid injection on 7-20-15, use of a spinal stimulator, and medication including Norco. Physical examination findings on 9-4-15 included tenderness to palpation at the suboccipital muscles, scalenes, and over the sternocleidomastoid muscles. Bilateral upper trapezius tightness was also noted. Cervical range of motion was decreased and cervical distraction and maximal foraminal compression tests were positive bilaterally. Right shoulder range of motion was decreased with tenderness at the delto-pectoral groove and on the insertion of the supraspinatus muscle. Tenderness to palpation was noted at the ulnar groove with decreased right elbow range of motion. The patient was unable to make a fist and marked atrophy of the intrinsic musculature of the right hand was noted. Right hand range of motion was decreased with tenderness over the thenar and hypothenar eminences as well as the carpal bones. On 9-4-15, cervical and right shoulder pain was rated as 7 of 10. Right elbow pain was rated as 6 of 10 and right hand pain was rated as 7-8 of 10. On 9-4-15, the injured worker complained of neck pain, right shoulder pain, right elbow pain, and right hand pain. On 9-4-15 the treating physician requested authorization for compound HMPC2, Flurbiprofen 20%, Baclofen 10%, Dexamethasone Micro 0.2%, Hyaluronic Acid 0.2% in cream base 240g and compound HNPC1, Amitriptyline HCL10%, Gabapentin 10%, Bupivacaine HCL 5%, Hyaluronic Acid 0.2% in cream base 240g. On 9-23-15, the requests were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound HMPC2, Flurbiprofen 20%, Baclofen 10%, Dexamethasone Micro 0.2%, Hyaluronic Acid 0.2% in cream base 240 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

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

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical muscle relaxants such as Baclofen are not recommended due to lack of evidence. Flurbiprofen is a topical NSAID. It is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. It is recommended for short-term use (4-12 weeks) for arthritis. In this case, the claimant does not have arthritis and long-term use is not indicated. There are diminishing effects after 2 weeks. Topical NSAIDs can reach systemic levels similar to oral NSAIDs. The claimant did not have arthritis. The claimant has been on various topical analgesics for the past 2 years and was prescribed additional topical along with this one. Since the compound above contains these topical medications, the compound Flurbiprofen 20%, Baclofen 10%, Dexamethasone Micro 0.2%, Hyaluronic Acid 0.2% is not medically necessary.

Compound HNPC1, 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: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical anti epileptics such as Gabapentin are not recommended due to lack of evidence. The claimant has been on various topical analgesics for the past 2 years and was prescribed additional topical along with this one. Since the compound above contains these topical medications, the Compound HNPC1, Amitriptyline HCL 10%, Gabapentin 10%, Bupivacaine HCL 5%, Hyaluronic Acid 0.2% is not medically necessary.