

Case Number:	CM15-0196264		
Date Assigned:	10/09/2015	Date of Injury:	11/11/2011
Decision Date:	11/18/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	10/06/2015

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:

The injured worker is a 57 year old male who sustained an industrial injury 11-11-11. A review of the medical records reveals the injured worker is undergoing treatment for complex regional pain syndrome right upper extremity. Medical records (09-04-15) reveal the injured worker complains of ongoing right upper extremity pain, which is not rated. The physical exam (09-04-15) reveals the injured worker is in a sling, with a guarded exam with sensitivity to light touch and sensation. He is noted to have reduced motion with wrist and elbow ranges severely reduced due to sensitivity. Prior treatment includes medications including Norco, stellate block injections, and topical preparations. The original utilization review (09-14-15) non certified the request for Flurbiprofen-Baclofen-Dexamethasone-Menthol-Camphor-Capsaicin 20%-10%-2%-2%-2%-0.03375% 180gm. The documentation supports that the injured worker has been on Flurbiprofen-Baclofen-Dexamethasone-Menthol-Camphor-Capsaicin 20%-10%-2%-2%-2%-0.03375% since at least 07-09-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound cream: Flurbiprofen 20%, Baclofen 10%, Dexamethasone 2%, Menthol 2%, Camphor 2%, Capsaicin 0.03375% cream, 180 grams: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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.