MAXIMUS Federal Services

Case Number:	CM15-0197182		
Date Assigned:	10/12/2015	Date of Injury:	08/02/2014
Decision Date:	11/24/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/07/2015

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, 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 27 year old female, who sustained an industrial injury on 08-02-2014. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for cervical strain and sprain, thoracic strain and sprain, lumbar pain, lumbar radiculopathy, right shoulder strain and sprain, and right knee strain and sprain. Medical records (04-21-2015 to 09-02-2015) indicate ongoing cervical spine pain, thoracic spine pain, lumbar spine pain, right shoulder pain, and right knee pain. Pain levels were rated 9 out of 10 on a visual analog scale (VAS) for the cervical spine, 6.5 out of 10 on the VAS for the thoracic spine, 8 out of 10 on VAS for the lumbar spine, 7.5 out of 10 for the right shoulder, and 8.5 out of 10 for the right knee. Records also indicate no changes in activity levels or level of functioning. Per the treating physician's progress report (PR), the IW has returned to work with restrictions. The physical exam, dated 09-02-2015, revealed decreased and painful range of motion (ROM) in the cervical spine with tenderness to palpation over the cervical paraspinal muscles, muscle spasms in the cervical paraspinal muscles, positive Spurling's maneuver, decreased and painful ROM in the thoracic spine with tenderness and spasms in the bilateral trapezii and thoracic paraspinal muscles, restricted and painful ROM in the lumbar spine with tenderness to palpation over the bilateral sacroiliac joints and paralumbar muscles, positive straight leg raises, decreased and painful ROM in the right shoulder with tenderness to palpation over the anterior and posterior shoulder, muscles spasms in the right shoulder, positive impingement sign, painful ROM in the right knee with tenderness to palpation over the anterior and posterior knee, muscles spasms over the anterior and posterior knee and a positive McMurray's test. Relevant treatments have

included: physical therapy (PT), work restrictions, and pain medications (compounded medications since 07-2015). The request for authorization (09-08-2015) shows that the following medications were requested: Protonix 20mg #60 (DOS: 09-02-2015); compounded HMPC2 flurbiprofen 20%, Baclofen 10%, dexamethasone micro 0.2%, hyaluronic acid 0.2% in cream base 240gm; and compound HNPC1 amitriptyline HCL 10%, gabapentin 10%, bupivacaine HCL 5%, hyaluronic acid 0.2% in cream base 240gm. The original utilization review (09-15-2015) non-certified the request for Protonix 20mg #60 (DOS: 09-02-2015); compounded HMPC2 flurbiprofen 20%, Baclofen 10%, dexamethasone micro 0.2%, hyaluronic acid 0.2% in cream base 240gm; and compound HNPC1 amitriptyline HCL 10%, gabapentin 10%, bupivacaine HCL 5%, hyaluronic acid 0.2% in cream base 240gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix 20mg #60 (DOS: 09/02/15): 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, NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: CA MTUS guidelines support the use of proton pump inhibitors (PPI) for patients at risk of GI events. In this patient, there is no documentation of GI disorders such as gastric/duodenal ulcers, GERD, or erosive esophagitis. This patient does not appear to be taking NSAIDs, which could increase the risk of GI events. There is no history of dyspepsia. There is also no documentation of a trial and failure of lansoprazole or omeprazole, which are recommended prior to therapy with other PPIs which are considered second-line. Therefore, based on the above, this request is not medically necessary or appropriate.

Compound HMPC2 flurbiprofen 20%, Baclofen 10%, Dexamethasone Micro 0.2%, Hyaluronic Acid 0.2% in cream base 240 gms: 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: CA MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. There is little to no research to support the use of many of these agents. Further, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this request, the compounded product contains Flurbiprofen, Baclofen, dexamethasone and hyaluronic acid. Muscle relaxants such as Baclofen are specifically not recommended for topical

use. There is no evidence-based literature supporting the topical use of hyaluronic acid. Therefore, the request is not medically necessary or appropriate.

Compound HNPC1 Amitriptyline HCL 10%, Gabapentin 10%, Bupivacaine HCL 5%, Hyaluronic acid 0.2% in cream base 240gms: 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: CA MTUS Guidelines state that topical analgesics are experimental in use with few randomized controlled trials to determine safety or efficacy. There is little to no research to support the use of many of these agents. Further, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. This request is for a compounded product containing Amitriptyline, Gabapentin, hyaluronic acid and bupivicaine. Antidepressants such as Amitriptyline and anticonvulsants, such as Gabapentin, are specifically not recommended for topical use. There is no evidence-based literature supporting the topical use of hyaluronic acid for chronic pain. Therefore, the request is not medically necessary or appropriate.