

Case Number:	CM15-0202294		
Date Assigned:	10/19/2015	Date of Injury:	09/10/2009
Decision Date:	12/03/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	10/14/2015

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: Texas, 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:

This is a 51 year old male patient who sustained an industrial-work injury on 9-10-09. He reported initial complaints of neck, right shoulder, right elbow, right wrist, right hand, low back, bilateral knee and head pain. The diagnoses include lumbar spins sprain-strain, lumbar herniated nucleus pulposus, right shoulder sprain-strain, rib contusion, cervical spine sprain-stain, and cervical herniated nucleus pulposus. Per the doctor's note dated 9/1/15, he had complains of constant neck pain rated 8 out of 10 that radiates to the right shoulder; constant right shoulder pain rated 8 out of 10 that radiates to the right arm with numbness and tingling sensation; constant right elbow pain that radiates to the right forearm; right wrist pain; constant right hand pain that radiates to the fingers with numbness and tingling, pulsating, locking, weakness, and stiffness; constant low back pain rated 7-8 out of 10 that radiates to the bilateral legs and decreased with walking; constant bilateral knee pain rated 8 out of 10 that radiates to bilateral feet and decreased when sitting; frequent frontal and back headaches as well as blurry vision due to neck pain; sleep disorder, anxiety, nervousness, stress, shortness of breath due to chest pain, and tension due to the pain. Per the primary physician's progress report (PR-2) on 9-1-15, the physical examination revealed normal gait, moves right upper extremity cautiously, anxious, normal lordosis to cervical spine with reduced range of motion, and 2 plus out of 5 strength; thorocolumbar spine- normal lordosis, tenderness with spasms of the paraspinals, and bilateral sacroiliacs, reduced range of motion, and 2 plus out of 5 strength; Upper extremity- reduced range of motion, tenderness at the right upper trapezius with spasms, and with the right acromioclavicular and glenohumeral joints. The medications list includes topical analgesic

creams. He had right shoulder MRI on 3/27/14 and right shoulder X-rays on 4/2/15. Treatment to date has included medication, diagnostics, TENS unit, physical therapy and acupuncture. The Request for Authorization requested service to include Compounded Cream with Flurbiprofen, Baclofen, Camphor, Menthol, Dexamethasone Micro, Capsaicin and Hyaluronic Acid. The Utilization Review on 9-16-15 denied the request for Compounded Cream with Flurbiprofen, Baclofen, Camphor, Menthol, Dexamethasone Micro, Capsaicin and Hyaluronic Acid, per CA MTUS (California Medical Treatment Utilization Schedule), Chronic Pain Medical Treatment Guidelines 2009.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compounded Cream with Flurbiprofen, Baclofen, Camphor, Menthol, Dexamethasone Micro, Capsaicin and Hyaluronic Acid: 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: Compounded Cream with Flurbiprofen, Baclofen, Camphor, Menthol, Dexamethasone Micro, Capsaicin and Hyaluronic Acid. Flurbiprofen is an NSAID and baclofen is a muscle relaxant. The cited Guidelines regarding topical analgesics state, "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. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants), (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. Topical NSAIDs: There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use. Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments. Baclofen: Not recommended. There is no peer-reviewed literature to support the use of topical Baclofen. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." The cited guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Failure of antidepressants and anticonvulsants for this injury is not specified in the records provided. Intolerance to oral medication is not specified in the records provided. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Flurbiprofen and Baclofen are not recommended by the cited guidelines for topical use as cited, because of the absence of high grade scientific evidence to support their effectiveness. The medical necessity of Compounded Cream with Flurbiprofen, Baclofen, Camphor, Menthol, Dexamethasone Micro, Capsaicin and Hyaluronic Acid is not fully established for this patient. The request is not medically necessary.

