

Case Number:	CM15-0203642		
Date Assigned:	10/20/2015	Date of Injury:	09/15/2014
Decision Date:	12/01/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	10/16/2015

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: Montana, Oregon, Idaho
 Certification(s)/Specialty: Orthopedic Surgery

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 41 year old female who sustained an industrial injury on 9-15-14. A review of the medical records indicates that the worker is undergoing treatment for cervical spine sprain-strain rule out herniated nucleus pulposus, rule out cervical radiculopathy, left hand sprain-strain, status post laceration of 2nd, 3rd, 4th digit with residual pain, thoracic spine pain, thoracic spine sprain-strain rule out herniated nucleus pulposus, low back pain, lumbar spine sprain-strain rule out herniated nucleus pulposus, rule out lumbar radiculopathy, anxiety disorder, mood disorder, sleep disorder, and stress. Subjective complaints (8-21-15) include sharp stabbing neck pain with numbness and tingling of bilateral upper extremities (rated 7 out of 10), status post laceration 2nd, 3rd, 4th finger with sharp residual pain (rated 6 out of 10), dull achy mid back pain (rated 6 out of 10), sharp burning low back pain with numbness and tingling of bilateral lower extremities (rated 7-8 out of 10), stress, anxiety, insomnia and depression. It is noted that symptoms persist but medications offer temporary relief of pain and improve ability to have a restful sleep. Objective findings (8-21-15) include 2+ tenderness to palpation of the occiputs; trapezius; rhomboid; sternocleidomastoid; and levator scapula muscles, decreased cervical spine range of motion, is unable to make a fist and perform fine manipulation (left hand), tenderness to palpation (left hand), unable to perform range of motion at the 2nd, 3rd and 4th digits due to pain, sensation to pinprick and light touch slightly diminished at fingertips of 2nd, 3rd and 4th left digits, tenderness to palpation (T3-T5, L3-L5) and bilateral muscle guarding and decreased range of motion of the thoracic and lumbar spine, and positive bilaterally: straight leg raise at 60 degrees, sitting root, and Kemp's test. Work status was noted as remain off work

8-21-15 through 9-16-15. A request for authorization is dated 8-21-15. Previous treatment includes chiropractic treatment, occupation therapy, localized intense neurostimulation therapy, extracorporeal shockwave therapy, acupuncture, and medication. The requested treatment of Amitriptyline HCL 10%, Gabapentin 10%, Bupivacaine HCL 5%, Hyaluronic Acid 0.2% in cream base 240 grams and Flurbiprofen 20%, Baclofen 10%, Dexamethasone Micro 0.2%, Hyaluronic Acid 0.2% in cream base 240 grams was denied on 9-16-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20%, Baclofen 10%, Dexamethasone Micro 0.2%, Hyaluronic Acid 0.2% in cream base 240gm: 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: Per the CA MTUS regarding topical analgesics, Chronic Pain Medical Treatment Guidelines, Topical analgesics, page 111-112 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. 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. Diclofenac is the only FDA approved topical NSAID. Other NSAIDs have a high rate of photosensitive reactions and are not recommended. In this case, the requested cream contains Flurbiprofen, which is not recommended by the cited guidelines. The request does not meet criteria set forth in the guidelines and therefore the request is not medically necessary.

Amitriptyline HCL 10% Gabapentin 10% Bupivacaine HCL 5% Gabapentin 10% Bupivacaine HCL 5% Hyaluronic Acid 0.2% in cream base 240gm: 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: Per the CA MTUS regarding topical analgesics, Chronic Pain Medical Treatment Guidelines, Topical analgesics, page 111-112 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. 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. Gabapentin is not recommended for topical use. In this case the requested cream contains Gabapentin, which is not

recommended for topical use. The request does not meet criteria set forth in the guidelines and therefore the request is not medically necessary.