

Case Number:	CM15-0206272		
Date Assigned:	10/23/2015	Date of Injury:	06/26/2010
Decision Date:	12/08/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/20/2015

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

Certification(s)/Specialty: Emergency Medicine

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 female, who sustained an industrial injury on 06-26-2010. She has reported injury to the bilateral upper extremities. The diagnoses have included right lateral epicondylitis; right ulnar nerve neuritis cubital tunnel; right intersection syndrome; right de Quervain's disease; right carpal tunnel syndrome; chronic right wrist pain; right fourth fifth finger tendonitis; left de Quervain's disease; left carpal tunnel syndrome; and status post right carpal tunnel release and wrist flexor tenosynovectomy. Treatment to date has included medications, diagnostics, injections, and surgical intervention. Medications have included Tramadol, Anaprox, Fexmid, Lunesta, Protonix, and topical compounded creams. A progress report from the treating physician, dated 05-28-2015, documented an evaluation with the injured worker. The injured worker reported that the Kenalog injection into the right elbow did not help; she has begun working regular duties for 15 days; increasing pain in both hands-fingers since beginning work; cramping in the right and left wrists-hands; pain in the left wrist-thumb; pain in the left wrist-little finger side; and locking of the fingers in the right hand. Objective findings included positive Finkelstein's test on the right; pain at the intersection of the first and second dorsal compartments; and tenderness without triggering of the right fourth and fifth fingers. The treatment plan has included the request for retrospective Flurbiprofen-Baclofen-Water-Dexamethasone-Sodium Hyaluronate-Methylparaben-Propylparaben (date of service: 08-14-15); and retrospective Amitriptyline-Gabapentin-Bupivacaine-Water-Sodium Hyaluronate-Methylparaben-Propylparaben (date of service: 08-14-15). The original utilization review, dated 10-01-2015, non-certified the request for retrospective Flurbiprofen-Baclofen-Water-

Dexamethasone-Sodium Hyaluronate-Methylparaben-Propylparaben (date of service: 08-14-15); and retrospective Amitriptyline-Gabapentin-Bupivacaine-Water-Sodium Hyaluronate-Methylparaben-Propylparaben (date of service: 08-14-15).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Flurbiprofen/Baclofen/Water/Dexamethasone/Sodium Hyaluronate/Methylparaben/Propylparaben (DOS 8/14/15): 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: As per MTUS guidelines, "Any compound product that contains a drug or drug class that is not recommended is not recommended." 1) Flurbiprofen: Shown to be superior to placebo. It should not be used long term. It may be useful. Flurbiprofen is not FDA approved for topical application. There is no justification by the provider as to why the patient requires a non-FDA approved compounded NSAID when there are multiple other approved products including over the counter medications on the market. It is also prescribed with another NSAID leading to risk for toxicity. Flurbiprofen is not medically necessary. 2) Baclofen: Not FDA approved for topical application. There is no evidence to support efficacy or safety with topical use. Not medically necessary. 3) Dexamethasone: Not recommended. Dexamethasone is a steroid. There is no information available in MTUS Chronic pain or ACOEM guidelines concerning topical use of steroids for musculoskeletal pains. Review of Official Disability Guidelines and ACOEM guidelines only mention use of systemic and injectable steroid. There is a significant risk of systemic absorption and side effects. 4) Sodium Hyaluronate: This glycosaminoglycan is used as an oral supplement and in an injectable form. There is no evidence to support its use topically. Not medically necessary. 5) Water/methylparaben/propylparaben: Fillers and preservatives. Not a single component of this compounded product is medically necessary. Therefore, the request is not medically necessary.

Retrospective Amitriptyline/Gabapentin/Bupivacaine/Water/Sodium Hyaluronate/Methylparaben/Propylparaben (DOS 8/14/15): 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: As per MTUS guidelines, "Any compound product that contains a drug or drug class that is not recommended is not recommended." 1) Amitriptyline: As per MTUS guidelines, there is no evidence to support the use of a topical antidepressant. It is not FDA

approved for topical application. As per MTUS guidelines, only FDA approved products are recommended. 2) Gabapentin: Not FDA approved for topical application. No evidence to support topical use. Not medically recommended. 3) Bupivacaine: Only topical lidocaine is approved for neuropathic pain. Bupivacaine is only approved for injection for local or regional anesthesia. Use of a non-FDA approved product for unknown purpose is not recommended. 4) Sodium Hyaluronate: This is glycosaminoglycan that is used as an oral supplement and in an injectable form. There is no evidence to support its use topically. Not medically necessary. 5) Water/methylparaben/propylparaben: Fillers and preservatives. Not a single component of this compounded product is medically necessary. Therefore, the request is not medically necessary.