MAXIMUS Federal Services

Case Number:	CM15-0208927		
Date Assigned:	10/27/2015	Date of Injury:	10/05/2011
Decision Date:	12/08/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	10/23/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 54 year old female who sustained an industrial injury on 10-5-11. The injured worker reported pain in the low back, bilateral knees, and bilateral wrists. A review of the medical records indicates that the injured worker is undergoing treatments for lumbar herniated nucleus pulposus, bilateral knee meniscal tear, bilateral carpal tunnel syndrome and myospasms. Medical records dated 9-17-15 indicate pain rated at 5 to 7 out of 10. Provider documentation dated 9-17-15 noted the work status as return to modified work. Treatment has included topical compound creams, and acupuncture treatment. Objective findings dated 9-17-15 were notable for tenderness to the lumbar spine, bilateral knees, and bilateral wrists with decreased range of motion. The original utilization review (10-14-15) denied a request for Hmpc2- Flurbiprofen 20%, Baclofen 10%, Dexamethasone micro 0.2%, Hyaluronic acid 0.2% 240 grams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hmpc2- Flurbiprofen 20%, Baclofen 10%, Dexamethasone micro 0.2%, Hyaluronic acid 0.2% 240 grams: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical Analgesics.

Decision rationale: Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Other than Lidoderm, no other commercially approved topical formulation of lidocaine whether cream, lotions or gels are indicated for neuropathic pain. In this case, the injured worker's working diagnoses are lumbar HNP 3.3 mm; bilateral knee meniscal tear; bilateral carpal tunnel syndrome; and myospasm. Date of injury is October 5, 2011. Request for authorization is October 7, 2015. According to a progress note dated May 18, 2015, the treating provider checked off topical compounds (check the box format). There are no specific drugs listed. Topical compounds were continued in the August 25, 2015 progress note. According to a September 17, 2015 progress note, subjective complaints are low back pain, bilateral knee and wrist pain. Objectively, there is tenderness with decreased range of motion at the low back, bilateral knees and wrists. There were no directions for topical compound use. The location for application is not documented in the medical record. And there is no documentation demonstrating objective functional improvement from a topical analgesic. Utilization review references in October 16, 2015 progress note. This progress note is not in the medical records available for review. Flurbiprofen is not FDA approved for topical use and not recommended. Baclofen is not recommended. Any compounded product that contains at least one drug (Flurbiprofen and Baclofen) that is not recommended is not recommended. Consequently, HMPC 2 - Flurbiprofen 20%, Baclofen 10%, dexamethasone micro 0.2%, hyaluronic acid 0.2%, 240 g is not recommended. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, HMPC 2 - Flurbiprofen 20%, Baclofen 10%, dexamethasone micro 0.2%, hyaluronic acid 0.2%, 240 g is not medically necessary.