MAXIMUS Federal Services

Case Number:	CM15-0209229		
Date Assigned:	10/28/2015	Date of Injury:	03/05/2013
Decision Date:	12/11/2015	UR Denial Date:	09/25/2015
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: New York, Tennessee
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 24 year old male, who sustained an industrial injury on 03-05-2013. He has reported injury to the bilateral shoulders and low back. The diagnoses have included right shoulder impingement syndrome; status post surgery, right shoulder; left shoulder impingement syndrome; status post surgery, left shoulder; status post shoulder surgery with numbness to rule out compressive neuropathy; and lumbar radiculopathy. Treatment to date has included medications, diagnostics, activity modification, acupuncture, physical therapy, and surgical intervention. Medications have included Tramadol, Gabapentin, Cyclobenzaprine, Norflex, Motrin, Zolpidem, and Protonix. A progress report from the treating physician, dated 09-16-2015, documented a follow-up visit with the injured worker. The injured worker reported sharp, stabbing low back pain, rated at 8.5 out of 10 in intensity with medication; he has stiffness, numbness, tingling, weakness, and muscle spasms; these symptoms are associated with repetitive standing, bending, kneeling, stooping, and squatting; he has relief from medication and rest; and the pain is decreased by 20% with medication. Objective findings included decreased ranges of motion of the lumbar spine; there is tenderness to palpation of the bilateral sacroiliac joints and lumbar paravertebral muscles; there is muscle spasm of the bilateral gluteus and lumbar paravertebral muscles; Kemp's is positive; and sitting straight leg raise is positive bilaterally. The treatment plan has included the request for Compound HMPC2 and Compound HNPC1. The original utilization review, dated 09-25-2015, non-certified the request for Compound HMPC2 and Compound HNPC1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound HMPC2: 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) Knee & Leg, Hyaluronic Acid and Other Medical Treatment Guidelines UpToDate: Dexamethasone, Drug Information.

Decision rationale: This medication is a compounded topical analgesic containing flurbiprofen, Baclofen, Dexamethasone, and hyaluronic acid. Topical analgesics are recommended for neuropathic pain when anticonvulsants and antidepressants have failed. Compounded topical analgesics are commonly prescribed and there is little to no research to support the use of these compounds. Furthermore, the guidelines state that; Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Flurbiprofen is a non-steroidal anti-inflammatory drug (NSAID). Flurbiprofen is recommended as an oral agent for the treatment of osteoarthritis and the treatment of mild to moderate pain. It is not recommended as a topical preparation. Baclofen is not recommended. There is no peer-reviewed literature to support the use of topical Baclofen. Dexamethasone is a steroid medication for anti-inflammatory effects. It is used orally and parenterally or as an ophthalmic topical preparation. It is not recommended as a topical dermal preparation. Hyaluronic acid is recommended as an injection for severe osteoarthritis of the knees. It is not recommended as a topical medication. This medication contains drugs that are not recommended. Therefore the medication cannot be recommended. The request is not be medically necessary.

Compound HNPC1: 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, Antidepressants for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, Hyaluronic Acid and Other Medical Treatment Guidelines UpToDate: Bupivacaine, Drug Information.

Decision rationale: This medication is a compounded topical analgesic containing Amitriptyline, Gabapentin, and Bupivacaine. Topical analgesics are recommended for neuropathic pain when anticonvulsants and antidepressants have failed. Compounded topical analgesics are commonly prescribed and there is little to no research to support the use of these compounds. Furthermore, the guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Amitriptyline is a tricyclic antidepressant. Tricyclics are generally considered a first-line agent for neuropathic pain, unless they are ineffective, poorly tolerated, or contraindicated. Indications in controlled trials have shown effectiveness in treating central post-stroke pain, post-herpetic neuralgia, painful diabetic and non-diabetic polyneuropathy, and post-mastectomy pain. Negative results were found for spinal cord pain and phantom-limb pain, but this may have been due to study

design. Tricyclics have not demonstrated significance in randomized-control trials in treating HIV neuropathy, spinal cord injury, cisplatinum neuropathy, neuropathic cancer pain, phantom limb pain or chronic lumbar root pain. Caution is required because tricyclics have a low threshold for toxicity, and tricyclic antidepressant overdose is a significant cause of fatal drug poisoning due to their cardiovascular and neurological effects. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. It is not recommended as a topical preparation. Gabapentin is not recommended. There is no peer-reviewed literature to support use. Bupivacaine is a local anesthetic used in nerve blocks and spinal anesthesia. It is not recommended as a topical preparation. Hyaluronic acid is recommended as an injection for severe osteoarthritis of the knees. It is not recommended as a topical medication. This medication contains drugs that are not recommended. Therefore the medication cannot be recommended. The request is not medically necessary.