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| Case Number: | CM15-0214531 | | |
| Date Assigned: | 11/04/2015 | Date of Injury: | 01/19/2011 |
| Decision Date: | 12/18/2015 | UR Denial Date: | 10/23/2015 |
| Priority: | Standard | Application Received: | 10/30/2015 |

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: Iowa, Illinois, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 68 year old female, who sustained an industrial injury on 1-19-2011. Medical records indicate the worker is undergoing treatment for lumbosacral neuritis and internal derangement of the knee posts multiple knee surgeries. A recent progress report dated 9-23-2015, reported the injured worker complained of lumbosacral pain shooting to the legs rated 7 out of 10, right knee pain rated 7 out of 10 and left knee pain rated 8 out of 10. Physical examination revealed lumbosacral tenderness, left straight leg raise test positive and knee range of motion and strength were limited. Treatment to date has included physical therapy and medication management. The physician is requesting Camphomex spray #480 with 11 refills and Ketoprofen-Gabapentin-Bupivacaine-Fluticasone-Baclofen #240. On 10-23-2015, the Utilization Review noncertified the request for Camphomex spray #480 with 11 refills and Ketoprofen-Gabapentin-Bupivacaine-Fluticasone-Baclofen #240.

IMR ISSUES, DECISIONS AND RATIONALES

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

Camphomex spray #480 with 11 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation dailymed.nlm.nih.gov/dailymed/archives/fdaDrugInfo.cfm?archiveid=169964.

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, Compound creams.

Decision rationale: MTUS and ODG recommends usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "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." ODG only comments on menthol in the context of cryotherapy for acute pain, but does state "Topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns, a new alert from the FDA warns." As such, the request for Camphomex spray #480 with 11 refills is not medically necessary.

Ketoprofen/Gabapentin/Bupivacain/Fluticasone/Baclofen #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Salicylate topicals, 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, Compound creams.

Decision rationale: MTUS and ODG recommends usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "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." MTUS states that topical Baclofen is "Not recommended." MTUS states that topical Gabapentin is "Not recommended." And further clarifies, "antiepilepsy drugs: There is no evidence for use of any other antiepilepsy drug as a topical product." As such, the request for Ketoprofen/Gabapentin/Bupivacain/Fluticasone/Baclofen #240 is not medically necessary.