

Case Number:	CM15-0215566		
Date Assigned:	11/05/2015	Date of Injury:	05/14/2014
Decision Date:	12/16/2015	UR Denial Date:	10/24/2015
Priority:	Standard	Application Received:	11/02/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 40 year old female who sustained an industrial injury on 05-14-2014. A review of the medical records indicated that the injured worker is undergoing treatment for cervical sprain and strain, cervical radiculopathy, cervical intervertebral disc degeneration, lumbar disc protrusion and lumbar sprain and strain. According to the treating physician's progress report on 08-27-2015, the injured worker continues to experience moderate neck pain and mild low back pain. The cervical spine examination demonstrated tenderness to palpation and spasm of the cervical paravertebral muscles with decreased range of motion and negative Spurling's. Sensation was decreased globally in the left upper extremity. Examination of the lumbar spine revealed tenderness to palpation and muscle spasm of the lumbar paravertebral muscles with negative straight leg raise and Patrick's Fabere tests. There was mild decrease in range of motion with flexion and bilateral lateral bending. Motor strength and deep tendon reflexes were within normal limits of the upper and lower extremities. The injured worker had a mild antalgic gait and a mild limp. No assistive ambulatory devices were used. There were no diagnostic reports included in the medical review. Prior treatments have included extracorporeal shockwave therapy for the cervical spine, cervical spine surgical consultation and medications. Current medications were listed as topical creams (prescribed since approximately 03-2015). Treatment plan consists of chiropractic therapy, trial transcutaneous electrical nerve stimulation (TENS) unit, continuing with extracorporeal shockwave therapy and the current retrospective request for Flurbiprofen 20%-Baclofen 5%-Camphor 2%-Menthol 2%-Dexamethasone Micro 0.2%-Capsaicin 0.025%-Hyaluronic Acid 0.2% in cream base (DOS: 9-14-2015) and the

retrospective request for Amitriptyline HCL 10%-Gabapentin 10%-Bupivacaine HCL 5%-Hyaluronic Acid 0.2% in cream base (DOS: 9-14-2015). On 10-24-2015 the Utilization Review determined the retrospective request for Flurbiprofen 20%-Baclofen 5%-Camphor 2%-Menthol 2%-Dexamethasone Micro 0.2%-Capsaicin 0.025%-Hyaluronic Acid 0.2% in cream base (DOS: 9-14-2015) and the retrospective request for Amitriptyline HCL 10%-Gabapentin 10%-Bupivacaine HCL 5%-Hyaluronic Acid 0.2% in cream base (DOS: 9-14-2015) was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Flurbiprofen 20%/Baclofen 5%/Camphor 2%/Menthol 2%/Dexamethasone Micro 0.2%/Capsaicin 0.025%/Hyaluronic Acid 0.2% in cream base (DOS: 9/14/2015): 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: The California chronic pain medical treatment guidelines section on topical analgesics states: Recommended as an option as indicated below. 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. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) 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. The requested medication contains ingredients (baclofen) which are not indicated per the California MTUS for topical analgesic use. Therefore the request is not medically necessary.

Retrospective request for Amitriptyline HCL 10%/Gabapentin 10%/Bupivacaine HCL 5%/Hyaluronic Acid 0.2% in cream base (DOS: 9/14/2015): 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: The California chronic pain medical treatment guidelines section on topical analgesics states: Recommended as an option as indicated below. 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. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) 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. The requested medication contains ingredients (Gabapentin), which are not indicated per the California MTUS for topical analgesic use. Therefore the request is not medically necessary.