

Case Number:	CM15-0216780		
Date Assigned:	11/06/2015	Date of Injury:	06/17/2014
Decision Date:	12/23/2015	UR Denial Date:	10/20/2015
Priority:	Standard	Application Received:	11/03/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 52 year old male who sustained an industrial injury on 06-17-2014. A review of the medical records indicated that the injured worker is undergoing treatment for lumbar herniated nucleus pulposus with radiculopathy. Some of the medical records submitted with the review are difficult to decipher. According to the treating physician's progress report on 09-18-2015, the injured worker continues to experience low back pain radiating to the lower extremities rated at 8 out of 10 on the pain scale. There was no objective findings documented in the progress notes dated 09-18-2015. Prior treatments have included diagnostic testing, at least 30 physical therapy sessions, acupuncture therapy and medications. Current medications were listed as topical analgesics. Treatment plan consists of aquatic therapy, spine consultation and the current request for HMPC2, Flurbiprofen 20%, Baclofen 10%, Dexamethasone Micro 0.2%, and Hyaluronic acid 0.2% in cream base 240 grams and HNPC1, Amitriptyline 10%, Gabapentin 10%, Bupivacaine 5%, Hyaluronic acid 0.2% in cream base 240grams. On 10-20-2015, the Utilization Review determined the requests for HMPC2, Flurbiprofen 20%, Baclofen 10%, Dexamethasone Micro 0.2%, and Hyaluronic acid 0.2% in cream base 240 grams and HNPC1, Amitriptyline 10%, Gabapentin 10%, Bupivacaine 5%, Hyaluronic acid 0.2% in cream base 240grams were not medically necessary.

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% in cream base 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 rationale: The MTUS Guidelines strongly emphasize that any compound product that contains at least one drug or drug class that is not recommended is itself not recommended. The request for a compound that contains medications from the non-steroidal anti-inflammatory drug (NSAID) (flurbiprofen), muscle relaxant (baclofen), steroid (dexamethasone), and miscellaneous antirheumatic (hyaluronic acid) classes. The MTUS Guidelines recommend topical NSAIDs to treat pain due to osteoarthritis and tendonitis but not neuropathic pain. Use is restricted to several weeks because benefit decreases with time. It is specifically not recommended for use at the spine, hip, or shoulder areas. Diclofenac 1% is the strength approved by the FDA. The Guidelines are silent as to the use of topical muscle relaxants, dexamethasone, and hyaluronic acid, and the literature does not support their use. These records did not include a discussion detailing special circumstances that would support the use of this compound product in this setting. In the absence of such evidence, the current request for 240g of a compound containing flurbiprofen 20%, baclofen 10%, dexamethasone "micro" 0.2%, and hyaluronic acid 0.2% is not medically necessary.

HNPC1, Amitriptyline 10%, Gabapentin 10%, Bupivacaine 5%, Hyaluronic acid 0.2% in cream base 240grams: 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 MTUS Guidelines strongly emphasize that any compound product that contains at least one drug or drug class that is not recommended is itself not recommended. The request for a compound that contains medications from the anti-seizure (gabapentin 10%), tricyclic antidepressant (amitriptyline 10%), anesthetic (bupivacaine 5%), and miscellaneous antirheumatic (hyaluronic acid 0.2%) classes. The MTUS Guidelines do not recommend topical gabapentin because there is no literature to support its use. The MTUS Guidelines are silent on the use of topical amitriptyline, hyaluronic acid, and bupivacaine. However, another drug within this compound is not recommended by the Guidelines, and the literature does not support their use in this setting. There was no discussion detailing special circumstances that would support the use of this compound product in this setting. In the absence of such evidence, the current request for 240g of "HNPC1," a compound containing amitriptyline 10%, gabapentin 10%, and bupivacaine 5%, and hyaluronic acid 0.2%, is not medically necessary.