

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0216879 | | |
| Date Assigned: | 11/06/2015 | Date of Injury: | 04/11/2014 |
| Decision Date: | 12/22/2015 | UR Denial Date: | 10/09/2015 |
| Priority: | Standard | Application Received: | 11/04/2015 |

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 51 year old female, who sustained an industrial injury on April 11, 2014. She reported injury to her right shoulder and right elbow. The injured worker was diagnosed as having De Quervain tenosynovitis on the right side chronic status post surgery 12-05-15, chronic lateral epicondylitis of the right elbow status post right lateral epicondyle denervation with excision of the posterior branches of posterior cutaneous nerve and right detachment of extensor carpi radialis brevis and right shoulder injury with impingement with RC tear and tendinitis. Treatment to date has included diagnostic studies, surgery, oral medications, occupational therapy, topical creams and injection. On October 2, 2015, physical examination of the right elbow revealed a positive Finkelstein maneuver as well as pain that radiates into the forearm on the dorsal portion along the extensor pollicis longus tendon and also discomfort associated with palpation of the elbow. Physical examination of the right shoulder revealed "limited" range of motion. The injured worker was noted to prefer topical creams over pills since the creams work "very well" and the pills upset her stomach. Notes stated that the goal was to reduce her pain scale score VAS by 50% from an 8 on a 1-10 pain scale down to a 4, which was noted to be possible with the topical medications. The treatment plan included cortisone injection, topical creams and a follow-up visit. On October 9, 2015, utilization review denied a request for Flurbiprofen 20%, Baclofen 10%, Dexamethasone 2%, Panthenol 0.5% in cream base 210gm and Amitriptyline 10%, Gabapentin 10%, Bupivacaine 5% 210 gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20%, Baclofen 10%, Dexamethasone 2%, Panthenol 0.5% in cream base 210gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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 the only FDA- approved NSAID medication for topical use includes diclofenac, which is indicated for relief of osteoarthritis pain in joints. Flurbiprofen would not be indicated for topical use in this case. MTUS states that topical Baclofen is not recommended. As such, the request for Flurbiprofen 20%, Baclofen 10%, Dexamethasone 2%, Panthenol 0.5% in cream base 210gm is not medically necessary.

Amitriptyline 10%, Gabapentin 10%, Bupivacaine 5% 210gm: 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, 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 and ODG do not specifically make a recommendation on topical Amitriptyline, but does cite (Lynch ME, Clark AJ, Sawynok J, Sullivan MJ Topical 2% amitriptyline and 1% ketamine in neuropathic pain syndromes: a randomized, double-blind, placebo-controlled trial. Anesthesiology. 2005; 103: 140-6) and find that this randomized, placebo-controlled trial examining topical 2% amitriptyline, 1% ketamine, and a combination in the treatment of neuropathic pain revealed no difference between groups. 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 Amitriptyline 10%, Gabapentin 10%, Bupivacaine 5% 210gm is not medically necessary.

