

Case Number:	CM15-0218028		
Date Assigned:	11/09/2015	Date of Injury:	10/31/2013
Decision Date:	12/21/2015	UR Denial Date:	10/29/2015
Priority:	Standard	Application Received:	11/05/2015

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: Florida

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 43 year old male with an industrial injury dated 10-31-2013. A review of the medical records indicates that the injured worker is undergoing treatment for surgical aftercare of the left wrist, left wrist peri-arthritis, left shoulder bursitis, and left elbow lateral epicondylitis. According to the progress note dated 10-19-2015, the injured worker reported minimal left shoulder pain which was aggravated by sleeping on the left side. The injured worker also reported moderate left wrist and hand pain. The pain was worse with lifting gripping and grasping. The injured worker complained of swelling and discoloration when attempting to use left hand. Pain level score was not documented in report (10-19-2015). Objective findings (09-21-2015, 10-19-2015) revealed spasm and tenderness to left shoulder, left elbows and left wrist. Treatment has included diagnostic studies, prescribed medications, 16 out of 18 acupuncture therapy sessions, and periodic follow up visits. As of 10-19-2015, the injured worker was released to work with work restrictions. The treating physician prescribed topical compound medications. The utilization review dated 10-29-2015, non-certified the request for 1 prescription of (HS) AGBH Amitriptyline 10%, Gabapentin 10%, Bupivacaine 5% in salt stable LS base 240gm with 1 refill and 1 prescription of FBDP - Flurbiprofen 20%, Baclofen 10%, Dexamethasone 2%, Panthenol 0.5% in salt stable LS base 240gm with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of FBDP - Flurbiprofen 20%, Baclofen 10%, Dexamethasone 2%, Panthenol 0.5% in salt stable LS base 240gm with 1 refill: 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: In accordance with California MTUS guidelines, topical analgesics are considered "Largely experimental in use with few randomized controlled trials to determine efficacy or safety." Guidelines go on to state that, "There is little to no research to support the use of many of these agents." The guideline specifically says, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The requested topical analgesic contains Baclofen. MTUS guidelines specifically state regarding topical muscle relaxants, "Baclofen: Not recommended. There is currently one Phase III study of Baclofen-Amitriptyline-Ketamine gel in cancer patients for treatment of chemotherapy-induced peripheral neuropathy. There is no peer-reviewed literature to support the use of topical baclofen. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." This requested topical analgesic contains Baclofen, which is a muscle relaxant and which is not recommended by the MTUS guidelines unless potentially a patient has chemotherapy induced peripheral neuropathy - this patient's does not. Likewise, this request is not medically necessary.

1 prescription of (HS) AGBH Amitriptyline 10%, Gabapentin 10%, Bupivacaine 5% in salt stable LS base- 240gm with 1 refill: 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: In accordance with California MTUS guidelines, topical analgesics are considered "Largely experimental in use with few randomized controlled trials to determine efficacy or safety." Guidelines go on to state that, "There is little to no research to support the use of many of these agents." The guideline specifically says, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The requested topical analgesic contains Gabapentin. The requested topical analgesic contains Gabapentin. MTUS guidelines specifically state, "Gabapentin: Not recommended. There is no peer-reviewed literature to support use." Likewise, this request is not medically necessary.