

Case Number:	CM15-0220191		
Date Assigned:	11/13/2015	Date of Injury:	09/12/2014
Decision Date:	12/30/2015	UR Denial Date:	10/19/2015
Priority:	Standard	Application Received:	11/09/2015

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: Massachusetts

Certification(s)/Specialty: Anesthesiology, Pain Management

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 53 year old male, who sustained an industrial injury on 9-12-14. The injured worker was being treated for lumbar HNP, left knee partial thickness tear of ACL, right knee sprain-strain and myospasms. On 9-8-15 and 10-7-15, the injured worker complains of low back pain rated 3-4 out of 10 with radiation to bilateral lower extremity right greater than left and right knee pain rated 3 out of 10. He is currently not working. On 9-8-15 and on 10-7-15 physical exam revealed tenderness to lumbosacral region, decreased range of motion, spasm and hypoesthesia of right L5 dermatome. Multiple oral and topical medications have been requested; however it is unclear if any have been authorized for used. On 10-7-15 request was submitted for HMPC2-Flurbiprofen 20%-Baclofen 10%-Dexamethasone Mirco 0.2%-Hyaluronic Acid 0.2% in cream 240mg and HNPC1-Amitriptyline HCl 10%-Gabapentin 10%-Bupivacaine HCl 5% in cream base 240mg. On 10-19-15 request for HMPC2-Flurbiprofen 20%-Baclofen 10%-Dexamethasone Mirco 0.2%-Hyaluronic Acid 0.2% in cream 240mg and HNPC1-Amitriptyline HCl 10%-Gabapentin 10%-Bupivacaine HCl 5% in cream base 240mg was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

HNPC1-Amitriptyline HCl 10%/Gabapentin 10%/Bupivacaine HCl 5% in cream base 240mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: According to the MTUS, there is little to no research to support the use of topical compounded creams. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. Topical analgesics are largely experimental and there are a few randomized controlled trials to determine efficacy or safety. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established. Therefore, the request is not medically necessary.

HMPC2-Flurbiprofen 20%/Baclofen 10%/Dexamethasone Mirco 0.2%/Hyaluronic Acid 0.2% in cream 240mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: According to the MTUS, there is little to no research to support the use of topical compounded creams. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. Topical analgesics are largely experimental and there are a few randomized controlled trials to determine efficacy or safety. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established. Therefore, the request is not medically necessary.