

Case Number:	CM15-0224790		
Date Assigned:	11/23/2015	Date of Injury:	07/18/2015
Decision Date:	12/31/2015	UR Denial Date:	10/19/2015
Priority:	Standard	Application Received:	11/16/2015

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: California, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 7-8-2015. She reported pain in her right hand, first 2 knuckles, wrist, elbow and shoulder. The injured worker was diagnosed as having bilateral knee sprain and strain, right carpal tunnel syndrome, right shoulder sprain and strain and lumbar radiculopathy. Treatment to date has included diagnostic testing, medications, braces and physical therapy. The progress notes dated 7-21-2015, the IW states the primary problem is pain located at the right hand, elbow and shoulder. She describes the pain as sharp and worse at night time. She rates her pain at 7 out of 10 with 10 being the worst. She also complains of right knuckle swelling and can be awakened at night with numbness and tingling at the right hand. She has been dropping items due to the pain. On exam, the right shoulder the strength is decreased and pain to palpation is present. Active abduction measures 90 degrees and active flexion measures 120 degrees. The right elbow is positive for Tinel's test. The right wrist, the strength is mildly decreased and the Durkan's test is positive. The right hand, swelling is minimally present and strength is mildly decreased. The progress note dated 10-7-2015, the IW complains of right wrist pain which was rated 3 out of 10 with 10 being the worst. She also complains of pain in both knees and rated that a 2 out of 10. She complains of right shoulder pain and rated it a 4 out of 10 and low back pain which she rated 6-7 out of 10 with 10 being the worst. The exam of the right wrist, Tinel's and Phalen's test were positive. There was positive McMurray's test of the knees with flexion at 90 degrees and extension at 0 degrees. The right shoulder showed positive impingement with abduction and forward flexion at 100 degrees. She had positive sitting straight leg rising. The UR decision, dated 10-19-2015,

denied Compound HNPC1-Amitriptyline HCL 10%; Gabapentin 10%; Bupivacaine HCL 5%; Hyaluronic Acid 0.2% in cream base 240 gm and Compound HCPC2-Flurbiprofen 20%; Baclofen 10%; Dexamethasone Micro 0.2%; Hyaluronic Acid 0.2% in cream base 240 gm. The request for authorization, dated 11-16-2015 is for Compound HNPC1-Amitriptyline HCL 10%; Gabapentin 10%; Bupivacaine HCL 5%; Hyaluronic Acid 0.2% in cream base 240 gm and Compound HCPC2-Flurbiprofen 20%; Baclofen 10%; Dexamethasone Micro 0.2%; Hyaluronic Acid 0.2% in cream base 240 gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound HNPC1 - Amitriptyline HCL 10 percent/Gabapentin 10 percent/Bupivacaine HCL 5 percent/Hyaluronic Acid 0.2 percent 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: Per the CA MTUS regarding topical analgesics, Chronic Pain Medical Treatment Guidelines, Topical analgesics, page 111-112, "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. 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." According to CA MTUS guidelines the use of topical gabapentin is "not recommended. There is no peer-reviewed literature to support use." In this case the current request does not meet CA MTUS guidelines and therefore the request is not medically necessary.

Compound HMPC2 - Flurbiprofen 20 percent/Baclofen 10 percent/Dexamethasone Micro 0.2 percent/Hyaluronic Acid 0.2 percent 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: Per the CA MTUS regarding topical analgesics, Chronic Pain Medical Treatment Guidelines, Topical analgesics, page 111-112, "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. 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." According to CA MTUS guidelines the use of topical baclofen is "not recommended. There is no peer-reviewed

literature to support the use of topical baclofen." In this case the current request does not meet CA MTUS guidelines and therefore the request is not medically necessary.