

Case Number:	CM15-0036767		
Date Assigned:	03/05/2015	Date of Injury:	11/15/2013
Decision Date:	04/09/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/26/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 54 year old female, who sustained an industrial injury on 11/15/2013. She reports a trip and fall with right knee and low back pain. Diagnoses include lumbar disc protrusion and osteoarthritis of the right knee. Treatments to date include multi-stimulation unit, heat/cold therapy, home exercise, lumbar back brace and medication management. A progress note from the treating provider dated 12/15/2014 indicates the injured worker reported sharp low back pain and sharp right knee pain and cramping. On 1/26/2015, Utilization Review non-certified the request for Gabapentin 10%/Amitriptyline 10%/Bupivacaine 5% cream base-180 grams and Flurbiprofen 20%/Baclofen 10%/Dexamethasone cream-180 grams, citing MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound: Gabapentin 10%, Amitriptyline 10%, Bupivacaine 5% in 180 grams: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, page(s) 111-113; Anti-Epilepsy Drugs/Gabapentin, pages 18-19.

Decision rationale: Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with multiple joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic to include a compounded anti-epileptic and antidepressant over oral formulation for this chronic injury, without documented functional improvement from treatment already rendered. Guidelines do not recommend long-term use of these anti-seizure medications for this chronic injury without improved functional outcomes attributable to their use. The Compound: Gabapentin 10%, Amitriptyline 10%, Bupivacaine 5% in 180 grams is not medically necessary and appropriate.

Compound: Flurbiprofen 20%, Baclofen 10%, Dexamethasone 25, 180grams: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, page(s) 111-113.

Decision rationale: Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with multiple joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic to include a compounded NSAID and muscle relaxant over oral formulation for this chronic injury, without documented functional improvement from treatment already rendered. Guidelines do not recommend long-term use of this muscle relaxant and NSAID medications for this chronic injury without improved functional outcomes attributable to their use. The Compound: Flurbiprofen 20%, Baclofen 10%, Dexamethasone 25, 180grams is not medically necessary and appropriate.