

Case Number:	CM15-0037406		
Date Assigned:	03/05/2015	Date of Injury:	03/15/2006
Decision Date:	04/20/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	02/27/2015

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 48 year old female, who sustained an industrial injury on 3/15/2006. The current diagnoses are moderate-to-severe osteoarthritis of the bilateral knees and mild early peripheral neuropathy. Currently, the injured worker complains of occasional left elbow pain and frequent, dull, achy bilateral knee pain. The elbow pain is rated 3/10 and the knee pain 8/10. Current medications are Ibuprofen. Per notes, she stopped taking it because of gastrointestinal irritation and diarrhea. The physical examination of the left elbow reveals slight tenderness at the lateral epicondyle and decreased range of motion. Examination of the knees reveals moderate tenderness at the medial/lateral peripatellar and medial/lateral collateral. McMurray test with internal/external rotation is positive bilaterally. Treatment to date has included rest, activity modification, heat, physical therapy, aqua therapy, and home exercise program. The treating physician is requesting Compound Cream - NPCI-Gabapentin 10%/amitriptyline 10%/bupivacaine 5% in cream base 210grams and MPCl-Flurbiprofen 20%/baclofen 10%/dexamethasone 2% in cream base 210 grams, which is now under review. On 2/23/2015, Utilization Review had non-certified a request for Compound Cream - NPCI-Gabapentin 10%/amitriptyline 10%/bupivacaine 5% in cream base 210grams and MPCl-Flurbiprofen 20%/baclofen 10%/dexamethasone 2% in cream base 210 grams. The California MTUS Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cream compound-NPCI-Gabapentin 10%/amitriptyline 10%/bupivacaine 5% in cream base 210grams: 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 analgesic Page(s): 111-113.

Decision rationale: According to the 01/30/2015 progress report, this patient presents with achy dull wrist pain and achy sharp knee pain. The current request is for Cream compound-NPCI-Gabapentin 10%/amitriptyline 10%/bupivacaine 5% in cream base 210grams. The request for authorization is on 01/30/2015. The patient's work status is return to modified work on February 6, 2015 with restriction. Regarding topical compounds, MTUS states that if one of the compounded products is not recommended then the entire compound is not recommended. Topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety. MTUS further states "Gabapentin: Not recommended. There is no peer-reviewed literature to support use." In this case, MTUS does not support gabapentin as a topical product. The current request IS NOT medically necessary.

Cream compound-MPCI-Flurbiprofen 20%/baclofen 10%/dexamethasone 2% in cream base 210 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 analgesic Page(s): 111-113.

Decision rationale: The request for authorization is on 01/30/2015. The patient's work status is return to modified work on February 6, 2015 with restriction. Regarding topical compounds, MTUS states that if one of the compounded products is not recommended then the entire compound is not recommended. MTUS further states "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." In this case, MTUS does not support Baclofen as a topical product. The current request IS NOT medically necessary.