

Case Number:	CM15-0059592		
Date Assigned:	04/06/2015	Date of Injury:	10/03/2013
Decision Date:	05/04/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/30/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 30 year old female patient who sustained an industrial injury on 10/03/2013. Prior diagnostic treatments to included nerve conduction study. A primary treating office visit dated 09/30/2014 reported chief complaint of unchanged pain in the cervical spine, frequent headaches, lumbar pain, and decreased sleep. She is currently taking Naproxen, Omeprazole and using topical creams. Recommendation for pain management and obtaining a magnetic resonance imaging study are pending. She reports currently performing home exercise, which has not alleviated symptom. The following diagnoses are applied: strain/strain neck; displacement of cervical intervertebral disc without myelopathy; displacement of lumbar intervertebral disc without myelopathy, cervical radiculitis and lumbosacral radiculitis. The plan of care involved dispensing medications Omeprazole, Tramadol ER 150mg #130, and pending authorization for pain management consultation, physical therapy, and magnetic resonance imaging study.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20%/Baclofen 2%/Dexamethasone 2%/Menthol 2%/ Camphor 2%/Capsaicin 0.0375%/Hyaluronic Acid 0.20% #180 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics and Salicylate topical-Page(s): 111-113 and 105. Decision based on Non-MTUS Citation J Eur Acad Dermatol Venereol. 2005 May; 19(3):308-18. Hyaluronic acid: a unique topical vehicle for the localized delivery of drugs to the skin. Brown MB1, Jones SA.

Decision rationale: Flurbiprofen 20%/Baclofen 2%/Dexamethasone 2%/Menthol 2%/ Camphor 2%/Capsaicin 0.0375%/Hyaluronic Acid 0.20% #180 grams is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines and on online review of hyaluronic acid. According to an online review of hyaluronic acid this agent is investigated as a drug delivery agent for various routes of administration, including topical. The compounded product contains Flurbiprofen. The MTUS guidelines state that topical NSAIDs are indicated in osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. Topical NSAIDs are recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. The guidelines state that topical Baclofen is not recommended. Menthol and Camphor are ingredients in Ben Gay which is a methyl salicylate and supported by the MTUS. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. Topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no documentation that patient is intolerant to other oral medications or treatments. The guidelines additionally add that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines do not support 0.0375% Capsaicin or topical Baclofen therefore this request is not medically necessary.