

Case Number:	CM15-0080618		
Date Assigned:	05/01/2015	Date of Injury:	04/12/2010
Decision Date:	06/01/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/27/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, 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 55-year-old female, who sustained an industrial injury on April 12, 2010. He reported bilateral shoulder pain and bilateral elbow pain. The injured worker was diagnosed as having left shoulder impingement syndrome, acromioclavicular osteoarthritis, status post arthroscopy times two, and left elbow status post extensor tendon release times two. Treatment to date has included diagnostic studies, acupuncture, surgical interventions of the left shoulder and left elbow, medications and work restrictions. Currently, the injured worker complains of continued shoulder pain and left elbow pain with tingling and numbness. The injured worker reported an industrial injury in 2010, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on October 13, 2014, revealed continued pain as noted. Topical medications were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

NPC1 cream (Gabapentin 10%/Amitriptyline 10%/Bupivacaine 5% in cream base 210gm):
 Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
 Topical analgesics.

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

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Gabapentin topical, one of compound of the prescribed topical analgesic, is not recommended by MTUS for pain management Therefore, the prospective request for NPC1 cream (Gabapentin 10%/ Amitriptyline 10%/Bupivacaine 5% in cream base 210gm) is not medically necessary.

MPHCC1 cream (Flurbiprofen 20%/Baclofen 5%/Dexamethasone 2%/Menthol 2%/Camphor 2%/Capsaicin 0.025% in cream base 210gm): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics.

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

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Baclofen topical, one of compound of the prescribed topical analgesic, is not recommended by MTUS for pain management Therefore, the prospective request for MPHCC1 cream (Flurbiprofen 20%/ Baclofen 5%/Dexamethasone 2%/Menthol 2%/Camphor 2%/Capsaicin 0.025% in cream base 210gm) is not medically necessary.