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| Case Number: | CM15-0088433 | | |
| Date Assigned: | 05/12/2015 | Date of Injury: | 02/19/2009 |
| Decision Date: | 06/19/2015 | UR Denial Date: | 04/14/2015 |
| Priority: | Standard | Application Received: | 05/08/2015 |

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: Internal Medicine, Rheumatology

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 58-year-old female, who sustained an industrial injury on 2/19/09. The injured worker was diagnosed as having neck strain, low back pain, and left shoulder strain. Treatment to date has included medications. A physician's report dated 10/3/14 noted pain was rated as 8/10. Currently, the injured worker complains of neck pain, low back pain, and left shoulder pain. The treating physician requested authorization for Gabapentin 10%/Amitriptyline 10%/Bupivacaine 5%/Hyaluronic acid 0.2% in cream base and Flurbiprofen 20%/Baclofen 5%/Camphor 2%/Menthol 2%/Dexamethasone 2%-Dexamethasone micro 0.2%/Capsaicin 0.025%/Hyaluronic acid 0.2% in cream base.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 10% Amitriptyline 10% Bupivacaine 5% Hyaluronic acid 0.2% in cream base: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113 of 127.

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

Decision rationale: This 58 year old female has complained of neck pain, low back pain and shoulder pain since date of injury 2/19/09. She has been treated with medications. The current request is for Gabapentin 10% Amitriptyline 10% Bupivacaine 5% Hyaluronic acid 0.2% in cream base. Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, Gabapentin 10% Amitriptyline 10% Bupivacaine 5% Hyaluronic acid 0.2% in cream base is not indicated as medically necessary.

Flurbiprofen 20% Baclofen 5% Camphor 2% Menthol 2% Dexamethasone 2% - dexamethasone micro 0.2% Capsaicin 0.025% Hyaluronic acid 0.2% in cream base:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113 of 127.

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

Decision rationale: This 58 year old female has complained of neck pain, low back pain and shoulder pain since date of injury 2/19/09. She has been treated with medications. The current request is for Flurbiprofen 20% Baclofen 5% Camphor 2% Menthol 2% Dexamethasone 2% - dexamethasone micro 0.2% Capsaicin 0.025% Hyaluronic acid 0.2% in cream base. Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, Flurbiprofen 20% Baclofen 5% Camphor 2% Menthol 2% Dexamethasone 2% - dexamethasone micro 0.2%, Capsaicin 0.025% Hyaluronic acid 0.2% in cream base is not indicated as medically necessary.