

Case Number:	CM14-0214307		
Date Assigned:	01/07/2015	Date of Injury:	08/09/2012
Decision Date:	02/28/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	12/22/2014

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, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a male patient with the date of injury of August 9, 2012. A Utilization Review dated December 10, 2014 recommended non-certification of NPHCC-1 (Dextromethorphan 10%; Gabapentin 10%; Bupivacaine 5%; Menthol 2%; Camphor 2%) Cream Base 210 GM. A Progress Report dated November 3, 2014 does not identify subjective or objective findings. Diagnoses identify sprain of knee & leg NOS and long-term use meds NEC. Treatment Plan identifies Compound: NPHCC1 for nerve pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

NPHCC-1 (Dextromethorphan 10%, Gabapentin 10%, Bupivacaine 5%, Menthol 2%, Camphor 2%) Cream Base 210gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113.

Decision rationale: Regarding the request for NPHCC-1 (Dextromethorphan 10%, Gabapentin 10%, Bupivacaine 5%, Menthol 2%, Camphor 2%) Cream Base 210gm, Chronic Pain Medical Treatment Guidelines state that any compounded product that contains at least one drug or drug class that is not recommended, is not recommended. Chronic Pain Medical Treatment Guidelines additionally state that topical gabapentin is not recommended. They go on to state that there is no peer-reviewed literature to support its use. Therefore, in the absence of guideline support for the use of topical gabapentin, the currently requested NPHCC-1 (Dextromethorphan 10%, Gabapentin 10%, Bupivacaine 5%, Menthol 2%, Camphor 2%) Cream Base 210gm is not medically necessary.