

Case Number:	CM15-0011780		
Date Assigned:	01/29/2015	Date of Injury:	10/10/2011
Decision Date:	03/26/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/20/2015

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: Emergency 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 48-year-old female who reported an injury on 10/10/2011. The mechanism of injury was not provided. The documentation of 12/05/2014 revealed the injured worker had subjective complaints of pain in the right shoulder, right elbow, right wrist, neck, upper back, and lower back. The injured worker complained of decreased muscle mass and strength and numbness with pain associated with tingling. The injured worker indicated that with use of flurbiprofen, the flurbiprofen was 20% helpful in reducing sequela arising from injury. The physical examination revealed the injured worker had severe tenderness at the medial hands on the right. Palpation indicated tenderness on the left. The injured worker additionally had nonspecific tenderness in the right hand. The physical examination of the shoulders revealed nonspecific tenderness in the right shoulder. Palpation indicated severe tenderness at the acromioclavicular joint, anterior labrum, supraspinatus, infraspinatus, bicipital groove, acromion, and upper trapezius on the right. The injured worker had decreased range of motion of the right shoulder. The injured worker had nonspecific tenderness on the right wrist. The injured worker was noted to have cervical muscle spasms and decreased range of motion and spasms in both the thoracic and lumbar spine. The injured worker additionally had muscle guarding. The injured worker had decreased range of motion. The diagnoses included cervical spine, thoracic spine, and lumbar spine sprains and strains; shoulder ligamentous sprains and strains; and chronic pain syndrome. The treatment plan included an MRI of the lumbar spine, right shoulder, and right wrist, and topical medications. There was no Request for Authorization submitted for the requested medications.

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 2% cream 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 Analgesics, Antidepressants, Topical Antiepileptic Medications, does not address topical a. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Skolnick P (1999) Antidepressants for the new millennium. Eur J Pharmacol 375:31-40.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Peer reviewed literature states that while local peripheral administration of antidepressants has been demonstrated to produce analgesia in the formalin model of tonic pain; a number of actions, to include inhibition of noradrenaline (NA) and 5-HT reuptake, inhibition of NMDA, nicotinic, histamine, and 5-HT receptors, and block of ion channels and even combinations of these actions, may contribute to the local peripheral efficacy of antidepressant; therefore the contribution of these actions to analgesia by antidepressants, following either systemic or local administration, remains to be determined. Topical Gabapentin is not recommended as there is no peer reviewed literature to support its use. The guidelines indicate that topical lidocaine (Lidoderm) may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The clinical documentation submitted for review failed to provide documentation of a trial and failure of antidepressants and anticonvulsants. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. There was a lack of documentation indicating a failure of a first line therapy for peripheral pain. The request as submitted failed to indicate the body part and frequency to be treated with gabapentin, amitriptyline, and bupivacaine. Given the above, and the lack of documentation, the request for gabapentin 10%/amitriptyline 10%/bupivacaine 2% cream 210 gm is not medically necessary.

Flurbiprofen 20%/ baclofen 10%/ Dexamethasone 2% cream 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 Analgesics, Salicylate Topicals, Flurbiprofen, Capsaicin, Baclofen Page(s): 111, 105, 72,. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.drugs.com/search.php?searchterm=dexamethasone&a=1>.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed... Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Regarding Topical Flurbiprofen FDA approved routes of administration for Flurbiprofen include oral tablets and ophthalmologic solution. A search of the National Library of Medicine - National Institute of Health (NLM-NIH) database demonstrated no high quality human studies evaluating the safety and efficacy of this medication through dermal patches or topical administration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. Salicylate Topicals are recommended. There is no peer-reviewed literature to support the use of topical baclofen. Per Drugs.com, Dexamethasone is a corticosteroid that prevents the release of substances in the body that cause inflammation. Dexamethasone is used to treat many different inflammatory conditions such as allergic disorders, skin conditions, ulcerative colitis, arthritis, lupus, psoriasis, or breathing disorders. The clinical documentation submitted for review failed to indicate the injured worker had a trial of antidepressants and anticonvulsants. There was a lack of documentation indicating a necessity for the addition of dexamethasone to the topical compound. As multiple components are not recommended, this medication would not be recommended. The request as submitted failed to indicate the frequency and the body part to be treated. Given the above, the request for flurbiprofen 20%/baclofen 10%/dexamethasone 2% cream 210 gm is not medically necessary.