

Case Number:	CM15-0111016		
Date Assigned:	06/17/2015	Date of Injury:	03/04/2014
Decision Date:	07/23/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/09/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 50 year old male patient who sustained an industrial injury on 03/04/2014. Back on 10/30/2014 the patient had subjective complaint of lower back pain radiating with numbness, tingling to the left lower extremity. The following diagnoses were applied: lumbar radiculopathy, lumbar sprain/strain, loss of sleep and insomnia. The plan of care noted the patient dispensed Tramadol, Omeprazole, Flexeril, compound cream, recommendation to undergo chiropractic therapy and acupuncture treatment, recommendation to undergo a MRI of lumbar spine and return to clinic for follow up in 4 weeks. At a visit dated 02/03/2015 the patient was prescribed two compound topical creams to use. He was also recommended to undergo MRI of cervical spine, shoulders, lumbar spine and ankles. The patient was noted undergoing shockwave therapy sessions and to continue. By 05/12/2015 at a follow up visit the plan of care involved the patient undergoing a functional capacity evaluation measuring improvements.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20%, Baclofen 5%, Camphor 2%, Menthol 2%, Dexamethasone Micro 2%, Capsaicin 0.025%, Hyaluronic acid 0.2% in cream base, 240 gm, apply 2-3 times daily:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: Regarding the request for Flurbiprofen 20%, Baclofen 5%, Camphor 2%, Menthol 2%, Dexamethasone Micro 2%, Capsaicin 0.025%, Hyaluronic acid 0.2% in cream, 240 gm, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Topical NSAIDs are indicated for "Osteoarthritis and tendonitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: 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. Neuropathic pain: Not recommended as there is no evidence to support use." Capsaicin is "Recommended only as an option in patients who have not responded or are intolerant to other treatments." Muscle relaxants drugs are not supported by the CA MTUS for topical use. Within the documentation available for review, none of the abovementioned criteria have been documented. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient, despite guideline recommendations. In light of the above issues, the currently requested Flurbiprofen 20%, Baclofen 5%, Camphor 2%, Menthol 2%, Dexamethasone Micro 2%, Capsaicin 0.025%, Hyaluronic acid 0.2% in cream, 240 gm is not medically necessary.

Amitriptyline HCl (hydrochloride) 10%, Gabapentin 10%, Bupivacaine HCL (hydrochloride) 5%, Hyaluronic acid 0.2% in cream base, 240 gm, apply 2-3 times daily:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: Regarding the request for Amitriptyline 10%, Gabapentin 10%, Bupivacaine 5%, Hyaluronic acid 0.2% in cream, 240gm, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Regarding topical gabapentin, Chronic Pain Medical Treatment Guidelines state that topical anti-epileptic medications are not recommended. They go on to state that there is no peer-reviewed literature to support their use. Guidelines do not support the use of topical antidepressants. Within the documentation available for review, none of the abovementioned criteria have been documented. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient, despite guideline recommendations. In light of the above issues, the currently requested Amitriptyline 10%, Gabapentin 10%, Bupivacaine 5%, Hyaluronic acid 0.2% in cream, 240gm, is not medically necessary.

