

Case Number:	CM15-0113876		
Date Assigned:	06/22/2015	Date of Injury:	01/08/2015
Decision Date:	07/29/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	06/12/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 30 year old female who sustained a work related injury January 8, 2015. According to a doctor's first report, dated January 12, 2015, the injured worker presented with complaints of leg and back pain after a trip and fall. She struck her right shin with pain, swelling, and difficulty walking. She reports a similar injury six months ago with pain. Diagnosis documented as contusion right leg. Treatment included Naprosyn, a heating pad dispensed, and orders for physical therapy. According to a primary treating physician's progress report, dated April 9, 2015, the injured worker presented with; low back pain, rated 8/10 with medication and 10/10 without medication, neck pain with migraines, rated 10/10 with and without medication, bilateral shoulder pain, right worse than left, rated 8/10 with and without medication, right knee pain described as shocking, rated 10/10 with and without medication, right wrist hand and fingers pain rated 7/10 with medication and 8/10 without medication, right hip and thigh pain, rated 7-8/10 with medication and 10/10 without medication, and right ankle and foot pain rated 6/10 with medication and 7/10 without medication. Some handwritten notes are difficult to decipher. Diagnoses are cervical radiculopathy; cervical sprain/strain; lumbar radiculopathy; lumbar/hip/hand/wrist/shoulder sprain/strain; trigger finger; derangement shoulder; rotator cuff syndrome. Treatment plan included medication, continued hot/cold treatment, and pending authorization for acupuncture and physical therapy. At issue, is the request for authorization for Flurbiprofen/Baclofen/Camphor/Menthol/Dexamethasone Micro/Capsaicin/Hyaluronic Acid and Amitriptyline HCL (hydrochloride)/Gabapentin /Bupivacaine HCL/Hyaluronic Acid.

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 0.25%/Hyaluronic Acid 0.2% in cream base #240 gram: 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): 111-113.

Decision rationale: The California chronic pain medical treatment guidelines section on topical analgesics states: Recommended as an option as indicated below. 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. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The requested medication contains ingredients (baclofen) which are not indicated per the California MTUS for topical analgesic use. Therefore the request is not medically necessary.

Amitriptyline HCL 10%/Gabapentin 10%/Bupivacaine HCL 5%/ Hyaluronic Acid 0.2% in cream base 240: 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): 111-113.

Decision rationale: The California chronic pain medical treatment guidelines section on topical analgesics states: Recommended as an option as indicated below. 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. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids,

bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006)
There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The requested medication contains ingredients (gabapentin) which are not indicated per the California MTUS for topical analgesic use. Therefore the request is not medically necessary.