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| Case Number: | CM15-0115354 | | |
| Date Assigned: | 06/23/2015 | Date of Injury: | 05/03/2014 |
| Decision Date: | 07/22/2015 | UR Denial Date: | 05/11/2015 |
| Priority: | Standard | Application Received: | 06/15/2015 |

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: Physical Medicine & Rehabilitation, Neuromuscular 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 42-year-old female, who sustained an industrial injury on 5/3/14. She reported pain in the left knee, left shoulder, left elbow, and left wrist. The injured worker was diagnosed as having left shoulder bursitis, left shoulder impingement syndrome, left lateral epicondylitis, left wrist internal derangement, left wrist sprain/strain, status post left wrist fracture, left knee degenerative disc disease, left lateral meniscus tear, and left knee sprain/strain. Treatment to date has included Cortisone injections, acupuncture, physical therapy, and medication including Naproxen, Zolpidem, and Cyclobenzaprine. Currently, the injured worker complains of pain in the left shoulder, left elbow, left wrist, and left knee. The treating physician requested authorization for NPCI- Gabapentin 10%/Amitriptyline 10%/Bupivacaine 5% in cream base 210g and MPHCCI-Flurbiprofen 20%/Baclofen 5%/Dexamethasone 2%/Menthol 2%/Camphor 2%/Capsaicin 0.025% in cream base 210g.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 NPCI- Gabapentin 10% Amitriptyline 10% Bupivacaine 5% in cream base 210 grams:
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 based on Non-MTUS Citation <http://www.drugs.com/pro/bupivacaine.html>.

Decision rationale: 1 NPCI- Gabapentin 10% Amitriptyline 10% Bupivacaine 5% in cream base 210 grams is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines and an online review of Bupivacaine. The guidelines do not specifically support Amitriptyline which is an antidepressant or Bupivacaine which is a topical anesthetic, but do state that 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. 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 guidelines do not support topical Gabapentin therefore this entire product is not medically necessary. There are no extenuating circumstances in the documentation to necessitate this topical analgesic.

1 MPHCCI -- Flurbiprofen 20% Baclofen 5% Dexamethasone 2% Menthol 2% Camphor 2% Capsaicin 0.025% in cream base 210 grams: 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 based on Non-MTUS Citation <http://www.drugs.com/dexamethasone.html>.

Decision rationale: 1 MPHCCI -- Flurbiprofen 20% Baclofen 5% Dexamethasone 2% Menthol 2% Camphor 2% Capsaicin 0.025% in cream base 210 grams is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines and an online review of Dexamethasone. The MTUS states that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Dexamethasone is a corticosteroid used to treat inflammatory conditions per an online review of this medication. The MTUS guidelines state that topical NSAIDs are indicated in osteoarthritis and tendinitis, 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. Menthol and Camphor are ingredients in Ben Gay, which is a methyl salicylate and supported by the MTUS. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. The guidelines additionally add that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The MTUS does not support topical Baclofen and there are no extenuating circumstances in the documentation submitted which would necessitate going against guideline recommendations therefore this request is not medically necessary.