

Case Number:	CM15-0124211		
Date Assigned:	07/08/2015	Date of Injury:	03/20/2015
Decision Date:	08/05/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/27/2015

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: Physical Medicine & Rehabilitation

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 38-year-old female who sustained an industrial injury on 03/20/15. Initial complaints include pain in the neck, back, right hip and headaches. Initial diagnoses include cervical, thoracic and lumbar musculoligamentous sprain/strain with radiculitis, hand right hip strain/sprain. Treatments to date are not available. Diagnostic studies are not addressed. Current complaints include headaches, neck, back and right hip pain. Current diagnoses include cervical, thoracic and lumbar musculoligamentous sprain/strain with radiculitis, hand right hip strain/sprain. In a progress note dated 05/14/15 the treating provider reports the plan of care as compound HMPHCC2, compound HNPC1, as well as medications including tramadol and Flexeril, an interferential unit, urine drug screen, electro diagnostic studies of the bilateral lower extremities, shock wave therapy to the right hip, consultation with a neurologist, and a Functional Capacity Evaluation. The requested treatment includes HMPH2.

IMR ISSUES, DECISIONS AND RATIONALES

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

HNPC1 180gm: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter (Online Version).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, pages 111-113.

Decision rationale: HNPC1 has active ingredients to include Amitriptyline and Gabapentin. Per MTUS Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with multiple joint pains without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic to include a compounded anti-depressant and anti-epileptic over oral formulation for this chronic injury without documented functional improvement from treatment already rendered. Guidelines do not recommend long-term use of these anti-depressant and anti-seizure medications for this injury without improved functional outcomes attributable to their use. The HNPC1 180gm is not medically necessary and appropriate.

HMPHCC2 180gm: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter (Online Version).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, pages 111-113.

Decision rationale: HMPHCC2 contains active ingredients Flurbiprofen, Baclofen, Capsaicin, and Hyaluranoic Acid. Per MTUS Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with multiple joint pains without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic to include a compounded NSAID, muscle relaxant and Capsaicin over oral formulation for this chronic injury without documented functional improvement from treatment already rendered. It is also unclear why the patient is being prescribed 2 concurrent muscle relaxant, topical Baclofen and oral Cyclobenzaprine posing an increase risk profile without demonstrated extenuating circumstances and indication. Guidelines do not recommend long-term use of NSAID without improved functional outcomes attributable to their use. Additionally, Guidelines do not recommend long-term use of this muscle relaxant and Capsaicin medications for this injury without improved functional outcomes attributable to their use. The HMPHCC2 180gm is not medically necessary and appropriate.

