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| Case Number: | CM15-0124848 | | |
| Date Assigned: | 07/09/2015 | Date of Injury: | 05/15/2014 |
| Decision Date: | 08/05/2015 | UR Denial Date: | 06/18/2015 |
| Priority: | Standard | Application Received: | 06/29/2015 |

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: Internal 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 66-year-old female, who sustained an industrial injury on May 15, 2014. The injured worker was diagnosed as having lumbar disc displacement, facet hypertrophy, muscle spasm and stenosis and left knee chondromalacia and internal derangement. Treatment to date has included chiropractic treatment, physical therapy, magnetic resonance imaging (MRI), electromyogram, nerve conduction study and medication. A progress note dated June 11, 2015 provides the injured worker complains of back and left knee pain. Physical exam notes lumbar tenderness on palpation with spasm and decreased range of motion (ROM) with positive straight leg raise. The left knee is tender on palpation with positive McMurray's test. The plan includes oral and topical medication, chiropractic treatment, physical therapy, lumbar brace and lab work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound: HMPHCC2- Flurbiprofen 20%, Baclofen 5%, Camphor 2%, Menthol 2%, Dexamethasone Micro 0.2%, Capsaicin 0.025%, and Hyaluronic Acid 0.2%, in cream based: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Compounded topicals.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines chronic pain chapter Page(s): 56, 57, 112, 113.

Decision rationale: Topical analgesic applications are largely experimental and lack randomized controlled trials to support their use. They are applied locally to the painful area and used primarily for neuropathic pain after an adequate trial of anticonvulsant and antidepressant pain medications. They lack systemic side effects, drug toxicity, or the need to titrate dosing. They are often compounded from a variety of components and many of the individual meds have failed to show efficacy. If one of the included compounds is not recommended the entire analgesic cream is not recommended. Topical application of analgesics is largely experimental and not validated by solid evidence. First line treatment of nerve pain should be the various anticonvulsive and antidepressant medications which are indicated for this purpose. Only after a thorough attempt to utilize these meds should the topical analgesics even be considered. The UR was correct in its decision. Therefore, the request is not medically necessary.

Compound: HNPC1- Amitriptyline HCL 10%, Gabapentin 10%, Bupivacaine HCL 5%, and Hyaluronic Acid 0.2% in cream base: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Compounded topicals.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines chronic pain chapter Page(s): 56, 57, 112, 113.

Decision rationale: Topical analgesic applications are largely experimental and lack randomized controlled trials to support their use. They are applied locally to the painful area and used primarily for neuropathic pain after an adequate trial of anticonvulsant and antidepressant pain medications. They lack systemic side effects, drug toxicity, or the need to titrate dosing. They are often compounded from a variety of components and many of the individual meds have failed to show efficacy. If one of the included compounds is not recommended the entire analgesic cream is not recommended. The above treatment is largely experimental and is not well validated by controlled trials. The various anti-convulsives and antidepressant medications are considered first line treatment of nerve related pain. The topicals may be considered after proper utilization of the above regimens. The UR was justified in its decision. Therefore, the request is not medically necessary.