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| Case Number: | CM15-0125742 | | |
| Date Assigned: | 07/10/2015 | Date of Injury: | 02/10/2014 |
| Decision Date: | 09/04/2015 | 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, 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:

This is a 57 year old male with a February 10, 2014 date of injury. A progress note dated June 4, 2015 documents subjective complaints (lower back pain rated at a level of 8 out of 10; right knee pain rated at a level of 8 out of 10; right elbow pain rated at a level of 7 out of 10; right hand pain with fourth trigger finger), objective findings (tenderness to the lumbar spine; decreased range of motion of the lumbar spine; spasm of the lumbar spine; tenderness of the right knee; decreased range of motion of the right knee; tenderness of the right elbow lateral epicondyle; tenderness of the right hand and fourth digit trigger flexion), and current diagnoses (lumbar herniated nucleus pulposus; right knee internal derangement; right elbow lateral epicondylitis; right hand fourth digit trigger finger; myospasm). Treatments to date have included medications, imaging studies, physical therapy, and acupuncture. The treating physician documented a plan of care that included Orphenadrine extended release 100mg quantity 60, topical compound cream: Baclofen 5%, Cyclobenzaprine 2%, Flurbiprofen 15%, Lidocaine Hydrochloride 6.15%, Hyaluronic Acid 0.025%, quantity unspecified, and topical compound cream: Diclofenac 10%, Gabapentin 10%, Lidocaine Hydrochloride 6.15%, Hyaluronic Acid 0.2%, quantity unspecified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine extended release 100mg quantity 60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 63-66 of 127.

Decision rationale: Regarding the request for Orphenadrine, Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the Orphenadrine. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested Orphenadrine is not medically necessary.

Topical Compound Cream: Baclofen 5%/Cyclobenzaprine 2%/ Flurbiprofen 15%/Lidocaine Hydrochloride 6.15%/Hyaluronic Acid 0.025%) quantity unspecified:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 111-113 of 127.

Decision rationale: Regarding the request for Topical Compound Cream: Baclofen 5%/Cyclobenzaprine 2%/ Flurbiprofen 15%/Lidocaine Hydrochloride 6.15%/Hyaluronic Acid 0.025%) quantity unspecified, 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." Topical lidocaine is "Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica)." Additionally, it is supported only as a dermal patch. 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 Topical Compound Cream: Baclofen 5%/Cyclobenzaprine 2%/ Flurbiprofen 15%/Lidocaine Hydrochloride 6.15%/Hyaluronic Acid 0.025%) quantity unspecified is not medically necessary.

Topical Compound Cream: Diclofenac 10%/Gabapentin 10%/Lidocaine Hydrochloride 6.15%/Hyaluronic Acid 0.2%, quantity unspecified: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113 of 127.

Decision rationale: Regarding the request for Topical Compound Cream: Diclofenac 10%/Gabapentin 10%/Lidocaine Hydrochloride 6.15%/Hyaluronic Acid 0.2%, quantity unspecified, 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." Topical lidocaine is "Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica)." Additionally, it is supported only as a dermal patch. 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. 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 Topical Compound Cream: Diclofenac 10%/Gabapentin 10%/Lidocaine Hydrochloride 6.15%/Hyaluronic Acid 0.2%, quantity unspecified is not medically necessary.