

Case Number:	CM15-0126045		
Date Assigned:	07/10/2015	Date of Injury:	06/24/2014
Decision Date:	08/11/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	06/30/2015

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, 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 41 year old male, who sustained an industrial injury on 06/24/2014. He has reported injury to the bilateral shoulders, bilateral elbows, and bilateral knees. The diagnoses have included bilateral shoulder strain/sprain; bilateral shoulder tendinitis; bilateral shoulder impingement syndrome; bilateral elbow strain/sprain; bilateral knee strain/sprain; and rule out bilateral knee meniscal tear. Treatment to date has included medications, diagnostics, injections, hot and cold unit, extracorporeal shockwave therapy, interferential unit, physical therapy, and home exercise program. Medications have included Ibuprofen and topical compounded creams. A progress note from the treating physician, dated 04/07/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of pain in the bilateral shoulders, bilateral elbows, and bilateral knees; the pain in the right shoulder and right elbow is rated as 3/10 on the visual analog scale, which has increased from 2/10 on the last visit; the pain in the left shoulder and left elbow is rated as 4/10 on the visual analog scale, which has increased from 3/10 on the last visit; the pain in the right knee is rated 1/10, which is decreased from 3/10 on the last visit; and left knee pain rated at 4/10, which has decreased from 4-5/10 on the last visit; physical therapy helps to decrease his pain and tenderness; and his function and activities of daily living have improved with physical therapy. Objective findings included the bilateral shoulders have grade 2 tenderness to palpation; impingement and supraspinatus tests are positive; the bilateral elbows have grade 2-3 tenderness to palpation; the bilateral knees have tenderness to palpation; and Mc Murray's test is positive. The treatment plan has included the request for compound medication-HMPHCC2 Flurbiprofen 20 percent, Baclofen 5 percent,

Camphor 2 percent, Dexamethasone Micro 0.2 percent 30 D quantity 1; and HNPC1-Amitriptyline HCl 10 percent, Gabapentin 10 percent, Bupivacaine HCl 5 percent, Hyaluronic Acid 0.2 percent.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound Medication - HMPHCC2 Flurbiprofen 20 Percent, Baclofen 5 Percent Camphor 2 Percent Dexamethasone Micro .2 Percent 30 D Qty 1: 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: CA MTUS states that topical analgesics are largely experimental in use with few randomized clinical trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of first-line agents (antidepressants and anticonvulsants) have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, the request is for a compounded product called HMPHCC1, which contains flurbiprofen, baclofen, camphor, dexamethasone, capsaicin and hyaluronic acid. Baclofen is specifically not recommended, therefore the entire product is not recommended according to guidelines and is not medically necessary. In addition, no rationale has been provided indicated why the claimant cannot utilize oral agents for her symptoms.

HNPC1 - Amitriptyline HCL 10 Percent Gabapentin 10 Percent Bupivacaine HCL 5 Percent Hyaluronic Acid .2 Percent: 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: CA MTUS guidelines state 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 first-line agents (antidepressants and antiepileptics) have failed. Any compounded product that contains one drug (or drug class) that is not recommended is not recommended. In this case, the request is for HNPC1, which contains amitriptyline, gabapentin, bupivacaine and hyaluronic acid. Gabapentin is specifically not recommended and the other ingredients are not addressed by guidelines, therefore the product is not recommended. In addition, no evidence is given in the medical records as to why oral agents cannot be used for the claimant's symptoms. Therefore, the request is denied not medically necessary.

