

Case Number:	CM15-0127267		
Date Assigned:	07/13/2015	Date of Injury:	08/26/1999
Decision Date:	08/13/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/01/2015

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, Pain Management

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 62 year old male sustained an industrial injury to the neck and back on 8/26/99. Previous treatment included physical therapy and medications. Magnetic resonance imaging cervical spine (1/24/15) showed multilevel disc desiccation with disc herniation and anterolisthesis. Magnetic resonance imaging left hip (1/24/15) showed lumbar and possibly sacral interpedicular screws but no acute abnormalities. Bilateral upper extremity electromyography /nerve conduction velocity test (4/13/15) of bilateral upper extremities showed moderate bilateral median nerve neuropathy consistent with carpal tunnel syndrome. In a PR-2 dated 6/22/15, the injured worker complained of constant moderate achy neck pain and constant mild achy left hip pain. Physical exam was remarkable for tenderness to palpation to the cervical spine paraspinal musculature with spasm and left hip with tenderness to palpation, muscle spasm and intact range of motion. Current diagnoses included cervical myospasm, cervical spine radiculopathy and left hip internal derangement. The treatment plan included a prescription for Norco and topical compound creams: HMPHCC2 Flurbiprofen 20%/Baclofen 5%/Camphor 2% Capsaicin 0.025%/Hyaluronic acid 0.2% cream base (gm) Qty: 240.00 and HNPC1 Amitriptyline HCL 10%/Gabapentin 10%/Bupivacaine HCL 5%/Hyaluronic acid 0.2% cream base (gm) Qty: 240.00.

IMR ISSUES, DECISIONS AND RATIONALES

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

HMPHCC2 Flurbiprofen 20%/Baclofen 5%/Camphor 2% Capsaicin 0.025%/Hyaluronic acid 0.2% cream base (gm) Qty: 240.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

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

Decision rationale: Regarding the request for HMPHCC2 Flurbiprofen 20%/Baclofen 5%/Camphor 2% Capsaicin 0.025%/Hyaluronic acid 0.2% cream base, 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 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. Neuropathic pain: Not recommended as there is no evidence to support use." Capsaicin is "recommended only as an option in patients who have not responded or are intolerant to other treatments." Muscle relaxants 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. Given all of the above, the requested HMPHCC2 Flurbiprofen 20%/Baclofen 5%/Camphor 2% Capsaicin 0.025%/Hyaluronic acid 0.2% cream base is not medically necessary.

HNPC1 Amitriptyline HCL 10%/Gabapentin 10%/Bupivacaine HCL 5%/Hyaluronic acid 0.2% cream base (gm) Qty: 240.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

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

Decision rationale: Regarding the request for HNPC1 Amitriptyline HCL 10%/Gabapentin 10%/Bupivacaine HCL 5%/Hyaluronic acid 0.2% cream base, 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 lidocaine (similar to bupivacaine) 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. Gabapentin is 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. Given all of the above, the requested HNPC1 Amitriptyline HCL 10%/Gabapentin 10%/Bupivacaine HCL 5%/Hyaluronic acid 0.2% cream base is not medically necessary.