

Case Number:	CM15-0128160		
Date Assigned:	07/08/2015	Date of Injury:	03/08/2013
Decision Date:	08/07/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	07/02/2015

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 34 year old female who sustained an industrial injury on 03/08/2013. The injured worker was diagnosed with herniated nucleus pulposus, lumbosacral sprain/strain, right knee sprain/strain, cruciate ligament sprain and anxiety. There were no surgical interventions documented in the medical records. Treatment to date has included diagnostic testing with recent right knee and lumbar spine magnetic resonance imaging (MRI) on January 2015, knee injections, physical therapy, home exercise program and medications. According to the primary treating physician's progress report on May 27, 2015, the injured worker continues to experience back pain with cramping near the right hip and right knee pain and tingling. Examination of the lumbar spine demonstrated flexion at 40 degrees, extension, and bilateral lateral bending at 10 degrees each with Kemp's and straight leg raise causing pain on the left. Examination of the right knee noted flexion at 120 degrees and extension at 0 degrees with tenderness to palpation of the anterior and medial knee. McMurray's and anterior drawer elicited pain. Current medications are listed as Tramadol, Neurontin, Cyclobenzaprine and topical analgesics. Treatment plan consists of urine drug screening, Protonix for gastritis and the current request for Gabapentin 10%, Amitriptyline 10%, Bupivacaine in cream base and Flurbiprofen 20%, Baclofen 10%, Dexamethasone 2% in cream base.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 10%, Amitriptyline 10%, Bupivacaine in cream base 180gms: 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.

Decision rationale: Per MTUS Chronic 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 pain 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 this anti-depressant and anti-seizure medications for this chronic injury without improved functional outcomes attributable to their use. The Gabapentin 10%, Amitriptyline 10%, Bupivacaine in cream base 180gms is not medically necessary and appropriate.

Flurbiprofen 20%, Baclofen 10%, Dexamethasone 2% in cream base 180gms: 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.

Decision rationale: Per MTUS Chronic 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 pain 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 corticosteroid over oral formulation for this chronic injury without documented functional improvement from treatment already rendered. 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 topical steroid and anti-seizure medications for this chronic injury of 2013 without improved functional outcomes attributable to their use. The Flurbiprofen 20%, Baclofen 10%, Dexamethasone 2% in cream base 180gms is not medically necessary and appropriate.