MAXIMUS Federal Services

Case Number:	CM15-0141356		
Date Assigned:	07/31/2015	Date of Injury:	05/12/2014
Decision Date:	10/30/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/21/2015

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: Arizona, California
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 25 year old male who sustained an industrial injury on 5-12-14. The injured worker was diagnosed as having lumbar sprain strain, right elbow forearm sprain strain and rule out right elbow fracture. Currently, the injured worker reported discomfort in the low back and right elbow. Previous treatments included acupuncture treatment, injections, physical therapy, muscle relaxants, oral pain medication, and topical analgesics. Previous diagnostic studies included a magnetic resonance imaging. The injured work status was not noted. The injured workers pain level was noted as 3 out of 10 in the lumbar spine and 4 out of 10 in the right elbow. Physical examination was notable for lumbar spine and right elbow with no bruising, swelling or atrophy. The plan of care was for compound cream: HNPC1 (Amitriptyline 10%, Gabapentin 10%, Bupivacaine 5%, Hyaluronic acid, 0.2%) 240 grams and compound cream: HMPC2 (Flurbiprofen 20%, Baclofen 10%, Dexamethasone 0.2%, Hyaluronic acid 0.2%) 240 grams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound cream: HNPC1 (Amitriptyline 10%, Gabapentin 10%, Bupivacaine 5%, Hyaluronic acid, 0.2%) 240gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed; any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical anti-epileptics such as Gabapentin are not recommended due to lack of evidence. The claimant was also prescribed other topical analgesics with the compound in request for several months in combination with oral analgesics. Multiple topical and oral medications are not justified. Since the compound above contains these topical medications, (Amitriptyline 10%, Gabapentin 10%, Bupivacaine 5%, Hyaluronic acid, 0.2%) is not medically necessary.

Compound Cream: HMPC2 (Flurbiprofen 20%, Baclofen 10%, Dexamethasone 0.2%, Hyaluronic acid 0.2%) 240gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed; any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical muscle relaxants such as Baclofen are not recommended due to lack of evidence. Claimant was also prescribed other topical analgesics. Flurbiprofen is a topical NSAID. It is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. It is recommended for short-term use (4-12 weeks) for arthritis. In this case, the claimant does not have arthritis and long-term use is not indicated. There are diminishing effects after 2 weeks. Topical NSAIDS can reach systemic levels similar to oral NSAIDS. Since the compound above contains these topical medications, the Flurbiprofen 20%, Baclofen 10%, and Dexamethasone 0.2%, Hyaluronic acid 0.2% is not medically necessary.