

Case Number:	CM15-0148614		
Date Assigned:	08/11/2015	Date of Injury:	08/23/2011
Decision Date:	11/10/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/30/2015

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: 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 41 year old female, who sustained an industrial injury on 8-23-2011. The medical records submitted for this review did not include the details regarding the initial injury or prior treatments to date. Diagnoses include bilateral tenosynovitis. Currently, she complained of ongoing bilateral wrist pain. There was no documentation of prior or current oral medications being prescribed. On 5-21-15, the physical examination documented tenderness to bilateral wrists. The plan of care included topical compound medications. The appeal requested authorization for HMPHCC2 (Flurbiprofen 10%, Baclofen 5%, Camphor 2%, Menthol 2%, Dexamethasone micro 0.2%, Capsaicin 0.025%, Hyaluronic Acid 0.2% in a cream base) 240 grams and HNPC1 (Amitriptyline HCL 10%, Gabapentin 10%, Bupivacaine HCL 5%, Hyaluronic Acid 0.2% in a cream base) 240 grams.

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%/Menthol 2%/Dexamethasone Micro 0.2%/Capsaicin 0.025%/Hyaluronic Acid 0.2% in a cream base 240gms: 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 topical Baclofen are not recommended due to lack of evidence. In addition, the claimant was using another topical analgesic with unapproved indications for months. The long-term use of topical is not medically necessary. Topical Flurbiprofen is intended for short-term use for arthritis. The claimant did not have arthritis. Since the compound above contains these topical medications, the Flurbiprofen 20%/Baclofen 5%/Camphor 2%/Menthol 2%/Dexamethasone Micro 0.2%/Capsaicin 0.025%/Hyaluronic Acid 0.2% is not medically necessary.

HNPC1 - Amitriptyline HCL 10%/Gabapentin 10%/Bupivacaine HCL 5%/Hyaluronic Acid 0.2% in a cream base 240gms: 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 Cyclobenzaprine and topical Baclofen as well as topical anti epileptics such as Gabapentin are not recommended due to lack of evidence. In addition, the claimant was using another topical analgesic with unapproved indications for months. The long-term use of topical is not medically necessary. Since the compound above contains these topical medications, the Amitriptyline HCL 10%/Gabapentin 10%/Bupivacaine HCL 5%/Hyaluronic Acid 0.2% is not medically necessary.