

Case Number:	CM15-0175399		
Date Assigned:	09/17/2015	Date of Injury:	08/07/2013
Decision Date:	10/26/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	09/04/2015

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, Hawaii
 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 30 year old female, who sustained an industrial injury on August 7, 2013, resulting in pain or injury to the low back. A review of the medical records indicates that the injured worker is undergoing treatment for thoracic sprain-strain and lumbar radiculopathy. On July 29, 2015, the injured worker reported constant severe 8 out of 10 upper-mid back pain with stiffness, numbness, tingling, weakness, and cramping, and constant severe 8 out of 10 low back pain with stiffness, numbness, tingling, weakness, and cramping. The Secondary Treating Physician's report dated July 29, 2015, noted the injured worker's thoracic spine with decreased and painful range of motion (ROM) with tenderness to palpation of the thoracic paravertebral muscles. The injured worker's lumbar spine was noted to have decreased and painful range of motion (ROM) with tenderness to palpation of the lumbar paravertebral muscles, muscle spasm of the paravertebral muscles, and a positive Kemp's. Prior treatments have included physical therapy and massage therapy both noted to help improve the injured worker's symptoms, and medication. The treatment plan was noted to include continued use of medications prescribed of Diclofenac, Cyclobenzaprine, and Pantoprazole, and two compounded medication creams dispensed. A urinalysis was performed for the purpose of obtaining baseline results. The request for authorization dated July 29, 2015, requested Amitriptyline HCL 10% Gabapentin 10% Bupivacaine HCL 5% Hyaluronic Acid 0.2% in cream base 75 hour supply/240 grams to be mailed to patient's home and Flurbiprofen 20% Baclofen 10% Dexamethasone Micro 0.2% Hyaluronic Acid 0.2% cream base 75 hour supply/240 grams to be mailed to patient's home. The Utilization Review (UR) dated August 6, 2015, denied the requests for Amitriptyline HCL

10% Gabapentin 10% Bupivacaine HCL 5% Hyaluronic Acid 0.2% in cream base 75 hour supply/240 grams to be mailed to patient's home and Flurbiprofen 20% Baclofen 10% Dexamethasone Micro 0.2% Hyaluronic Acid 0.2% cream base 75 hour supply/240 grams to be mailed to patient's home, as not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20% Baclofen 10% Dexamethasone Micro 0.2% Hyaluronic Acid 0.2% cream base 75 hour supply/240 grams to be mailed to patient's home: 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: The patient presents with pain affecting the thoracic and lumbar spine. The current request is for Flurbiprofen 20% Baclofen 10% Dexamethasone Micro 0.2% Hyaluronic Acid 0.2% cream base 75 hour supply/240 grams 99070 to be mailed to patient's home. The treating physician report dated 7/29/15 (98B) states, "Continue us of medication as prescribed." The MTUS guidelines have the following regarding topical analgesics: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The guidelines go on to state the following regarding Baclofen: "Not recommended. There is no peer-reviewed literature to support the use of topical baclofen." In this case, Baclofen is not recommended in the MTUS guidelines and therefore the entire topical compound is not recommended. The current request is not medically necessary.

Amitriptyline HCL 10% Gabapentin 10% Bupivacaine HCL 5% Hyaluronic Acid 0.2% in cream base 75 hour supply/240 grams to be mailed to patient's home: 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: The patient presents with pain affecting the thoracic and lumbar spine. The current request is for Amitriptyline HCL 10% Gabapentin 10% Bupivacaine HCL 5% Hyaluronic Acid 0.2% in cream base 75 hour supply/240 grams 99070 to be mailed to patient's home. The treating physician report dated 7/29/15 (98B) states, "Continue us of medication as prescribed." Regarding compounded topical analgesics MTUS states "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The MTUS guidelines go on to state, "Gabapentin: Not recommended. There is no peer-reviewed literature to support use." In this case, Gabapentin is not recommended in the MTUS guidelines and therefore the entire topical compound is not recommended. The current

request is not medically necessary.