

Case Number:	CM15-0179035		
Date Assigned:	09/21/2015	Date of Injury:	11/27/2014
Decision Date:	10/23/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	09/11/2015

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: North Carolina

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:

This is a 54 year old male with a date of injury on 11-27-2014. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar myospasm, lumbar sprain-strain, right shoulder bursitis, right shoulder impingement syndrome, right shoulder sprain-strain, left rotator cuff tear, left shoulder adhesive bursitis, and left shoulder adhesive tendinitis. Medical records (5-27-2015 to 8-24-2015) indicate intermittent low back pain rated four out of ten. The injured worker complained of intermittent right shoulder pain rated five out of ten. He also complained of constant, moderate, achy left shoulder pain. Per the treating physician (8-24-2015) the employee was not working. The physical exam (8-24-2015) revealed tenderness to palpation and spasm of the lumbar paravertebral muscles. There was tenderness to palpation of the bilateral shoulders. Treatment has included localized intense neuro-stimulation therapy (LINT) and medications. The request for authorization dated 8-4-2015 was for HMPHCC2- Flurbiprofen 20% Baclofen 5% Camphor 2% Menthol 2% Dexamethasone Micro 0.2% Capsaicin 0.025% Hyaluronic Acid 0.2% in cream base and HNPC1- Amitriptyline HCL 10% Gabapentin 10% Bupivacaine HCL 5% Hyaluronic Acid 0.2% in cream base. The original Utilization Review (UR) (8-14-2015) denied requests for compound creams: Amitriptyline HCL 10% Gabapentin 10% Bupivacaine HCL 5% Hyaluronic Acid 0.2% in cream base and Flurbiprofen 20% Baclofen 5% Camphor 2% Menthol 2% Dexamethasone Micro 0.2% Capsaicin 0.025% Hyaluronic Acid 0.2% in cream base.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amitriptyline HCL 10% Gabapentin 10% Bupivacaine HCL 5% Hyaluronic Acid, 240grams in cream base: 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 California chronic pain medical treatment guidelines section on topical analgesics states: Recommended as an option as indicated below. 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. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The requested medication contains ingredients (gabapentin) which are not indicated per the California MTUS for topical analgesic use. Therefore, the request is not medically necessary.

Flurbiprofen 20% Baclofen 5% Camphor 2% Menthol 2% Dexamethasone Micro 0.2% Capsaicin 0.025% Hyaluronic Acid 0.2%: 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 California chronic pain medical treatment guidelines section on topical analgesics states: Recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of anti-depressants and anti-convulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The requested medication contains ingredients (baclofen) which are not indicated per the California MTUS for topical analgesic use. Therefore, the request is not medically necessary.