

Case Number:	CM15-0179514		
Date Assigned:	09/21/2015	Date of Injury:	05/25/2015
Decision Date:	10/23/2015	UR Denial Date:	08/12/2015
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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 56 year old female, who sustained an industrial injury on May 25, 2015. She reported lumbar spine pain, bilateral shoulder pain and left knee pain. The injured worker was diagnosed as having hypertension, insomnia, lumbosacral neuritis-radiculitis, lumbar sprain and strain, thoracic sprain and strain and knee sprain and strain. Treatment to date has included physiotherapy, chiropractic treatment and medication. Chiropractic treatment and physiotherapy were noted to be both functionally and subjectively helping the injured worker. On June 16, 2015, the injured worker complained of "significant" lumbar spine pain, bilateral shoulder pain and left knee pain that was "moderate" in intensity. She reported sleeping about three to four hours every night with difficulty staying asleep. The treatment plan included Naproxen, Tramadol, Zanaflex, continuing hypertension treatments by another treating physician and two compound creams. On August 12, 2015, utilization review denied a retrospective request for HMPC2 Flurbiprofen 20% Baclofen 10% Dexamethasone Micro 0.2% Hyaluronic acid 0.2% in cream base 240g and HMPC2 Flurbiprofen 20% Baclofen 10% Dexamethasone Micro 0.2% Hyaluronic acid 0.2% in cream base 30g (for date of service June 16, 2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective HMPC2 Flurbiprofen 20%, Baclofen 10%, Dexamethasone Micro 0.2%, Hyaluronic acid 0.2% in cream base 240g for DOS 6/16/15: 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 based on Non-MTUS Citation <http://www.drugs.com/dexamethasone.html> and Brown, M. B., and S. A. Jones. "Hyaluronic Acid: A Unique Topical Vehicle for the Localized Delivery of Drugs to the Skin." European Academy of Dermatology and Venereology JEADV (2004): 308-18. Web.

Decision rationale: Retrospective HMPC2 Flurbiprofen 20%, Baclofen 10%, Dexamethasone Micro 0.2%, Hyaluronic acid 0.2% in cream base 240g for DOS 6/16/15 is not medically necessary per the MTUS Guidelines, and an online review of Dexamethasone and Hyaluronic Acid. The MTUS states that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Dexamethasone is a corticosteroid used to treat inflammatory conditions per an online review of this medication. The MTUS guidelines state that topical NSAIDs are indicated in osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. A review online of hyaluronic acid reveals that it can be used as a vehicle for topical drugs through the skin. The guidelines additionally add that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The MTUS does not support topical Baclofen and there are no extenuating circumstances in the documentation submitted which would necessitate going against guideline recommendations therefore this request is not medically necessary.

Retrospective HMPC2 Flurbiprofen 20%, Baclofen 10%, Dexamethasone Micro 0.2%, Hyaluronic acid 0.2% in cream base 30g for DOS 6/16/15: 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 based on Non-MTUS Citation <http://www.drugs.com/dexamethasone.html> and Brown, M. B., and S. A. Jones. "Hyaluronic Acid: A Unique Topical Vehicle for the Localized Delivery of Drugs to the Skin." European Academy of Dermatology and Venereology JEADV (2004): 308-18. Web.

Decision rationale: Retrospective HMPC2 Flurbiprofen 20%, Baclofen 10%, Dexamethasone Micro 0.2%, Hyaluronic acid 0.2% in cream base 30g for DOS 6/16/15 is not medically necessary per the MTUS Guidelines, and an online review of Dexamethasone and Hyaluronic Acid. The MTUS states that topical analgesics are largely experimental in use with few

randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed.

Dexamethasone is a corticosteroid used to treat inflammatory conditions per an online review of this medication. The MTUS guidelines state that topical NSAIDs are indicated in osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. A review online of hyaluronic acid reveals that it can be used as a vehicle for topical drugs through the skin. The guidelines additionally add that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The MTUS does not support topical Baclofen and there are no extenuating circumstances in the documentation submitted which would necessitate going against guideline recommendations therefore this request is not medically necessary.