

Case Number:	CM15-0179814		
Date Assigned:	09/21/2015	Date of Injury:	03/24/2015
Decision Date:	11/06/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	09/14/2015

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: New York
 Certification(s)/Specialty: Anesthesiology

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 43 year old female, who sustained an industrial injury on 03-24-2015. She has reported subsequent left hand and finger pain, weakness and numbness and was diagnosed with left hand sprain and strain and left index, middle finger crush injury. The doctor's first report of illness of injury on 03-24-2015 notes that x-ray of the left hand was negative. Work status was documented as modified. Treatment to date has included pain medication, physical therapy, application of cold and bracing. Medications were noted to provide pain relief but the most recent progress notes on 07-01-2015 and 08-05-2015 do not indicate the level of pain before and after the use of medication. The most recent progress note dated prior to the utilization review which lists the injured worker's prescribed medications is on 05-12-2015 and shows that the injured worker was taking Acetaminophen and Tylenol XS at this time. In a progress note dated 08-05-2015, the injured worker reported 6 out of 10 sharp, burning left hand pain, stiffness, numbness, tingling and weakness. The injured worker was noted to obtain relief with medication. Objective examination findings of the left hand were documented as showing "no bruising, swelling, atrophy or lesion present at the left hand. Deep tendon reflexes: upper extremities 2+ out of 4, pinprick - intact". No other objective findings of body systems were documented during this office visit. A request for authorization of medication consultations/ medications, Protonix 20 mg #60, Voltaren 100 mg #60, Gabapentin 400 mg #60, compound HPMC2-Flurbiprofen 20%-Baclofen 10%-Dexamethasone Micro 0.2%-Hyaluronic acid 0.2% in cream base; 240 grams and compound HNPC1-Amitriptyline HCL 10%-Gabapentin 10%-Bupivacaine HCL 5%-Hyaluronic acid 0.2% in cream base, 240

grams was submitted. As per the 08-14-2015 utilization review, the aforementioned requests were non- certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medications consultations/medications: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7 - Independent Medical Examinations and Consultations page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7 - Independent Medical Examinations and Consultations, p 127.

Decision rationale: According to the CA MTUS/ACOEM, a consultation is indicated to aid in the diagnosis, prognosis, and therapeutic management, determination of medical stability, and permanent residual loss and/or, the injured worker's fitness to return to work. In this case, there is no specific rationale identifying the medical necessity for the requested medications consultation. In this case, there is no clinical rationale for a medications consultation when this patient is under the care of a physician, who is able to prescribe medications. There is no documentation indicating that diagnostic and therapeutic management has been exhausted within the present treating provider's scope of practice. Medical necessity for the requested service has not been established. The requested service is not medically necessary.

Protonix 20mg #60: 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): NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) PPIs.

Decision rationale: According to CA MTUS (2009), proton pump inhibitors (PPIs), such as Protonix (Pantoprazole), are recommended for patients at risk for gastrointestinal events or taking NSAIDs with documented GI distress symptoms. There is no documentation indicating the patient has any GI symptoms or GI risk factors. Risk factors include, age >65, history of peptic ulcer disease, GI bleeding, concurrent use of aspirin, corticosteroids, and/or anticoagulants or high-dose/multiple NSAIDs. There is no documentation of any reported GI complaints. Based on the available information provided for review, the medical necessity for Protonix has not been established. The requested medication is not medically necessary.

Voltaren 100mg #60: 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): NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) NSAIDs.

Decision rationale: Voltaren is a non-steroidal anti-inflammatory drug (NSAID). Oral NSAIDs are recommended for the treatment of chronic pain and control of inflammation as a second-line therapy after acetaminophen. The ODG states that NSAIDs are recommended for acute pain, osteoarthritis, acute pain and acute exacerbations of chronic pain. There is no evidence of long-term effectiveness for pain or function. There is inconsistent evidence for the use of NSAIDs to treat long-term neuropathic pain. Guidelines recommended that the lowest effective dose be used for the shortest duration of time consistent with treatment goals. In this case, there is no documentation of failed first-line NSAIDs, such as, Ibuprofen. Medical necessity for Voltaren has not been established. The requested medication is not medically necessary.

Gabapentin 400mg #60: 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): Antiepilepsy drugs (AEDs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Gabapentin (Neurontin).

Decision rationale: According to the CA MTUS, Gabapentin (Neurontin) is an anti-epilepsy drug, which has been shown to be effective for treatment of diabetic painful neuropathy and post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. There is no good evidence in this case for neuropathic pain. There are no physician reports which adequately address the indications and specific symptomatic and functional benefit from the AEDs used to date. Gabapentin is not medically necessary based on the lack of any clear indication, and the lack of significant symptomatic or functional benefit from its use to date. Medical necessity for Gabapentin has not been established. The requested medication is not medically necessary.

Compound HPMC2-Flurbiprofen 20%/Baclofen 10%/Dexamethasone Micro 0.2%/Hyaluronic acid 0.2% in cream base; 240 grams: 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 California MTUS Guidelines (2009), topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control including, for example, NSAIDs, opioids, capsaicin, muscle relaxants, local anesthetics or antidepressants. Guidelines indicate that any compounded product that contains at least 1 non-recommended drug (or drug class) is not recommended for use. In this case, the topical analgesic requested contains: Flurbiprofen 20%/Baclofen 10%/Dexamethasone Micro 0.2%/Hyaluronic acid 0.2% in a cream base. Flurbiprofen, used as a topical NSAID, has been shown in a meta-analysis to be superior to placebo during the first two weeks of treatment for osteoarthritis but either not afterward, or with diminishing effect, over another two-week period. There are no clinical studies to support the safety or effectiveness of Flurbiprofen in a topical delivery system (excluding ophthalmic). Baclofen is not recommended by the MTUS guidelines. Medical necessity for the requested topical compounded medication has not been established. The requested topical cream is not medically necessary.

Compound HNPC1-Amitriptyline HCL 10%/Gabapentin 10%/Bupivacaine HCL 5%/Hyaluronic acid 0.2% in cream base, 240 grams: 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 California MTUS Guidelines (2009), topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control including, for example, NSAIDs, opioids, capsaicin, muscle relaxants, local anesthetics or antidepressants. Guidelines indicate that any compounded product that contains at least 1 non-recommended drug (or drug class) is not recommended for use. In this case, the topical analgesic requested contains: Amitriptyline HCL 10%/Gabapentin 10%/Bupivacaine HCL 5%/Hyaluronic acid 0.2% in cream base. In this case, there is no documentation provided necessitating this compounded topical analgesic. Gabapentin is not recommended as a topical agent per CA MTUS Guidelines. Medical necessity for the requested topical medication has not been established. The requested treatment is not medically necessary.