

Case Number:	CM15-0026285		
Date Assigned:	02/18/2015	Date of Injury:	03/23/2013
Decision Date:	04/02/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/11/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 57-year-old male, who sustained a cumulative industrial injury from March 23, 2012 through March 23, 2013. He has reported constant, severe dull, sharp, stabbing and throbbing low back pain, stiffness, heaviness, weakness and cramping as well as right and left hip pain. The diagnoses have included lumbar disc protrusion, lumbar myospasm, lumbar radiculopathy, lumbar sprain/strain, status post-surgery of the lumbar spine, hip contusions and degenerative joint disease of the hips. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention, conservative therapies, pain medications and work restrictions. Currently, the IW complains of constant, severe dull, sharp, stabbing and throbbing low back pain, stiffness, heaviness, weakness and cramping as well as right and left hip pain. The injured worker reported an industrial injury from 2012-2013, resulting in constant, severe dull, sharp, stabbing and throbbing low back pain, stiffness, heaviness, weakness and cramping as well as right and left hip pain. He was treated conservatively and surgically without pain resolution. Evaluation on December 30, 2014, revealed continued pain. Pain medications were renewed and a urinary drug screen was ordered to monitor medication compliance. Surgical intervention of the hips was recommended. On February 5, 2015, Utilization Review non-certified a request for Compound: MPHCC1 Flurbiprofen/Baclofen/Dexamethasone/Menthol /Camphor/Capsaicin in cream base and Compound: NPC1 Gabapentin/Amitriptyline/ Bupivacaine in cream base, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On February 11, 2015, the injured worker submitted an application for IMR for review of requested Compound: MPHCC 1 Flurbiprofen/Baclofen/Dexamethasone/Menthol/ Camphor/ Capsaicin

in cream base and Compound: NPC1 Gabapentin/Amitriptyline/Bupivacaine in cream base.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound: MPHCC1 Flurbiprofen/Baclofen/Dexamethasone/Menthol/Camphor/Capsaicin in cream base: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: Guidelines state that topical analgesics are experimental with few research trials that have shown efficacy. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. In this case, there is no documentation that there has been a failure of first line therapy. Thus, the request for MPHCC1 is not medically necessary and appropriate.

Compound: NPC1 Gabapentin/Amitriptyline/Bupivacaine in cream base: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: Guidelines state that topical analgesics are experimental with few research trials that have shown efficacy. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. In this case, there is no documentation that there has been a failure of first line therapy. Thus, the request for compound NPC1 is not medically necessary and appropriate.