

Case Number:	CM15-0061705		
Date Assigned:	04/07/2015	Date of Injury:	03/13/2014
Decision Date:	05/06/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/01/2015

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: Arizona, California
 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:

The injured worker is a 47-year-old male, who sustained an industrial injury on 3/13/2014. He reported injury after his left hand was caught in a machine. The injured worker was diagnosed as having left shoulder sprain/strain, crushing injury of forearm, left wrist sprain/strain, and left hand joint pain. Treatment to date has included medications. The request is for Gabapentin 10%/Amitriptyline 10%/Bupivacaine in cream base; and Flurbiprofen 20%/Baclofen 10%/Dexamethasone 2% in cream base. On 3/18/2015, he complained of left shoulder pain rated 9/10, left forearm pain rated 9/10, left wrist pain rated 8-9/10, and left hand pain rated 9/10. He indicates his pain relief comes from medications. The treatment plan included: magnetic resonance imaging of the left shoulder, paraffin wax therapy, physical therapy, electrodiagnostic studies, and medications. Medications are listed as: Tramadol ER, and topical compound creams.

IMR ISSUES, DECISIONS AND RATIONALES

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

GABAPENTIN 10% / AMITRIPTYLINE 10% / BUPIVACAINE IN CREAM BASE QTY 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical Gabapentin is not recommended due to lack of evidence. Since the compound above contains these topical medications, the compound in question is not medically necessary.

FLURBIPROFEN 20% / BACLOFEN 10% / DEXAMETHASONE 2% IN CREAM BASE QTY 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical Baclofen is not recommended due to lack of evidence. In addition, topical flurbiprofen (NSAID) is indicated for short-term use for osteoarthritis. The claimant does not have osteoarthritis. The claimant was also on an oral NSAID. Since the compound above contains these topical medications in question without evidence to support the use, the FLURBIPROFEN 20% / BACLOFEN 10% / DEXAMETHASONE 2% IN CREAM is not medically necessary.