

Case Number:	CM15-0070121		
Date Assigned:	04/17/2015	Date of Injury:	07/02/2012
Decision Date:	05/19/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/13/2015

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: California, 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:

The injured worker is a 38 year old male, who sustained an industrial injury on July 2, 2012. He was diagnosed with a left distal radius fracture, lumbar, thoracic and sacral sprains, left shoulder sprain, and dental trauma. He underwent surgery of the radius fracture with bone grafting. Treatment included acupuncture, chiropractic sessions, physical therapy and pain management. Currently, the injured worker complained of headaches, neck pain, back, shoulder, and knees, wrists and hands pain. The treatment plan that was requested for authorization included a prescription for a compound cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound cream (Gabapentin 10%, Amitriptyline 10%, Bupivacaine 5% in cream base 210gm & Flurbiprofen 20%, Baclofen 5%, Dexamethasone 2%, Menthol 2%, Camphor 2%, Capsaicin 0.025% in cream base 210gm): Upheld

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

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

Decision rationale: The request is for 2 separate topical agents; gabapentin, amitriptyline and bupivacaine in preparation number one and Baclofen, dexamethasone, menthol, camphor and capsaicin in preparation number two. The CA MTUS states that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy and safety. 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. Gabapentin and Baclofen are both not recommended, therefore both products contain at least one component that is not recommended, therefore both products are not recommended and are not medically necessary.