

Case Number:	CM15-0070978		
Date Assigned:	04/20/2015	Date of Injury:	10/16/2012
Decision Date:	06/11/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/14/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 49 year old female, who sustained an industrial injury on 10/16/2012. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having post laminectomy syndrome of the cervical region, lumbar radiculopathy, long term use of other medications, and encounter for therapeutic drug monitoring. Treatment to date has included medication regimen and computed tomography myelogram. In a progress note dated 03/23/2015 the treating physician reports complaints of improving neck and left shoulder pain along with right arm weakness and inability to use the left upper extremity. The injured worker rates the pain a seven out of ten with a prior visit rating of a seven out of ten. The treating physician requested the medications of HMPC2 (Flurbiprofen 20%/Baclofen 10% /Dexamethasone 0.2%/Hyaluronic Acid 0.2% in a Mediderm Base) and HNPC1(Amitriptyline 10%/Gabapentin 10%/Bupivacaine 5% / Hyaluronic Acid 0.2%) in Mediderm Base to be used concurrently for the treatment of pain and inflammation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription for HMPC2 - cream: 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 analgesic Page(s): 111-113.

Decision rationale: The patient presents with neck and left shoulder pain along with right arm weakness and inability to use the left upper extremity. The current request is for PRESCRIPTION FOR HMPC 2 CREAM. The Request for Authorization is dated 03/30/15 and states that the requested medication HMPC2 includes Flurbiprofen 20%/Baclofen 10%/Dexamethasone 0.2%/Hyaluronic Acid 0.2% in a Mediderm Base. The MTUS Guidelines p 111 has the following regarding topical creams, "topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." For Flurbiprofen, which is a non steroidal anti-inflammatory agent, "the efficacy in clinical trials for this treatment modality has been inconsistent, and most studies are small and of short duration. Indications for use are osteoarthritis and tendinitis (in particular, that of the knee and elbow) or other joints that are amendable to topical treatment." In this case, the patient does not meet the indication for this topical medication as he does not present with osteoarthritis or tendinitis symptoms but suffers from left shoulder and neck pain. Given the patient does not meet the indication for the use of a topical NSAID; the entire compounded cream is rendered invalid. This topical compound medication IS NOT medically necessary.

Prescription for HNPC1 - cream: 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 analgesic Page(s): 111-113.

Decision rationale: The patient presents with neck and left shoulder pain along with right arm weakness and inability to use the left upper extremity. The current request is for prescription for hnpc 1 cream. The Request for Authorization is dated 03/30/15 and states that the requested medication HNPC1 includes Amitriptyline 10%/Gabapentin 10%/Bupivacaine 5% /Hyaluronic Acid 0.2% in Mediderm Base. The MTUS Guidelines p 111 has the following regarding topical creams, "topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." In this case, one of the ingredients Gabapentin is not recommendation in any topical formulation, rendering the entire compounded cream invalid. This topical compound medication IS NOT medically necessary.