

Case Number:	CM15-0076888		
Date Assigned:	04/28/2015	Date of Injury:	12/12/1989
Decision Date:	05/28/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/22/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 70 year old female, who sustained an industrial injury on 12/12/1989. The mechanism of injury is unknown. The injured worker was diagnosed as having chronic low back pain, carpal tunnel syndrome and reflex sympathetic dystrophy. There is no record of a recent diagnostic study. Treatment to date was not included with the exception of medication management. In a progress note dated 3/17/2015, the injured worker complains of right shoulder and upper extremity pain. The treating physician is requesting Flurbiprofen 20%, Baclofen 10%, Dexamethasone 0.2%, Hyaluronic Acid 0.2% and Amitriptyline 10%, Gabapentin 10%, Bupivacaine 5%, Hyaluronic Acid 0.2%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20%, Baclofen 10%, Dexamthasone 0.2%, Hyaluronic Acid 0.2%, (unspecified Dosage): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams.

Decision rationale: MTUS and ODG recommends usage of topical analgesics as an option, but also further details primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The medical documents do not indicate failure of antidepressants or anti-convulsants. MTUS states, "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." FLURBIPROFEN (NOT RECOMMENDED) MTUS states that the only FDA-approved NSAID medication for topical use includes diclofenac, which is indicated for relief of osteoarthritis pain in joints. Flurbiprofen would not be indicated for topical use in this case. BACLOFEN (NOT RECOMMENDED) MTUS states that topical Baclofen is "Not recommended." This compounded medication contains multiple medications that are not recommended. As such, the request for Flurbiprofen 20%, Baclofen 10%, Dexamethasone 0.2%, Hyaluronic acid 0.2%, (unspecified dosage) is not medically necessary.

Amitriptyline 10%, Gabapentin 10%, Bupivacaine 5%, Hyaluronic Acid 0.2%, (Unspecified dosage): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams.

Decision rationale: MTUS and ODG recommends usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anti-convulsants. MTUS states, "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." The guidelines specifically address 2 of the compounds in this topical medication. The rest are not discussed and can be assumed to be not recommended for topical use. AMITRIPTYLINE MTUS and ODG do not specifically make a recommendation on topical Amitriptyline, but does cite (Lynch ME, Clark AJ, Sawynok J, Sullivan MJ Topical 2% amitriptyline and 1% ketamine in neuropathic pain syndromes: a randomized, double-blind, placebo-controlled trial. Anesthesiology. 2005;103:140-6) and find that this randomized, placebo-controlled trial examining topical 2% amitriptyline, 1% ketamine, and a combination in the treatment of neuropathic pain revealed no difference between groups. GABAPENTIN/PREGABALIN (NOT RECOMMENDED) MTUS states that topical Gabapentin is "Not recommended." And further clarifies, "Antiepilepsy drugs: There is no evidence for use of any other anti-epilepsy drug as a topical product." This compounded medication contains multiple medications that are not recommended. As such, the request for

Amitriptyline 10%, Gabapentin 10%, Bupivacaine 5%, Hyaluronic acid 0.2%, (unspecified dosage) is not medically necessary.