

Case Number:	CM15-0079265		
Date Assigned:	04/30/2015	Date of Injury:	06/07/2013
Decision Date:	07/20/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	04/24/2015

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 58 year old male, who sustained an industrial injury on 6/07/2013, from cumulative trauma. The injured worker was diagnosed as having cervical radiculopathy, cervical sprain/strain, lumbar radiculopathy, lumbar sprain/strain, loss of sleep, insomnia, anxiety, and depression. Treatment to date has included diagnostics, acupuncture, and medications. On 4/14/2015, the injured worker complains of cervical spine pain, rated 4-5/10 (with and without medications), associated with headaches, and radiating pain, tingling and numbness to the upper extremities. He also reported low back pain, rated 5/10 with medication and 6/10 without, associated with pain, numbness and tingling to the lower extremities. He reported sleep loss due to pain and symptoms of anxiety/depression. He was dispensed Diclofenac, Cyclobenzaprine, Tramadol, and Prilosec. He was also prescribed 2 topical compound creams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20%, Baclofen 5%, Camphor 2%, Menthol 2%, Dexamethasone Mirco 2%, Capsaicin 0.25%, Hyaluronic acid 0.2% cream base: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Serrati Resin, Capsaicin, Topical Analgesics Page(s): 25, 28, 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, page(s) 111-113.

Decision rationale: Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with multiple joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic to include a compounded NSAID and muscle relaxant over oral formulation for this chronic injury without documented functional improvement from treatment already rendered. It is also unclear why the patient is being prescribed 2 concurrent anti-inflammatories, the oral Diclofenac and topical compounded Flurbiprofen posing an increase risk profile without demonstrated extenuating circumstances and indication. Guidelines do not recommend long-term use of NSAID without improved functional outcomes attributable to their use. Additionally, Guidelines do not recommend long-term use of this muscle relaxant medication for this chronic injury without improved functional outcomes attributable to their use. The Flurbiprofen 20%, Baclofen 5%, Camphor 2%, Menthol 2%, Dexamethasone Mirco 2%, Capsaicin 0.25%, Hyaluronic acid 0.2% cream base is not medically necessary and appropriate.

Amitrpyline HCL 10%, Gabapentin 10%, Bupivacaine HC L 5%, Hyaluronic acid 0.2% cream base: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Serrati Resin, Capsaicin, Topical Analgesics Page(s): 25, 28, 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, page(s) 111-113.

Decision rationale: Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with multiple joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic to include a compounded anti-depressant and anti-epileptic over oral formulation for this chronic injury without documented functional improvement from treatment already rendered. Guidelines do not recommend long-term use of this anti-depressant and anti-seizure medications for this chronic injury without improved functional outcomes attributable to their use. The Amitrpyline HCL 10%, Gabapentin 10%, Bupivacaine HC L 5%, Hyaluronic acid 0.2% cream base is not medically necessary and appropriate.

