

Case Number:	CM15-0079744		
Date Assigned:	04/30/2015	Date of Injury:	11/15/2013
Decision Date:	05/29/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/27/2015

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: 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 46 year old female, who sustained an industrial injury on 11/15/13. The injured worker has complaints of neck pain; right shoulder pain; right elbow, wrist and hand pain; left wrist, hand and knee pain and lower back pain. The diagnoses have included cervical radiculopathy; cervical sprain/strain; lumbar sprain/strain; right shoulder sprain/strain; right wrist sprain/strain; left wrist sprain/strain; right hand; left hand and right elbow sprain/strain. Treatment to date has included anaprox/Naprosyn; tramadol/acetaminophen; cyclobenzaprine/topical compound creams; electrodiagnostic study of the upper extremities and of the lower extremities; magnetic resonance imaging (MRI) of the left knee and physical therapy. The request was for HMPHCC2-Flurbiprofen 20% compound cream 240gm and HNPC1-Amitriptyline HCl 10% compound cream 240gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

HMPHCC2-Flurbiprofen 20% compound cream 240gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 105, 111-113.

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

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of topical analgesics including topical NSAIDs such as Flurbiprofen. These drugs are considered as 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. There is little to no research to support the use of many of these agents. Regarding Flurbiprofen as a topical agent: The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. In this case, the records indicate that the compounded topical cream containing Flurbiprofen is intended for long-term use. Long-term use of topical NSAIDs is not recommended per the above cited MTUS guidelines. Therefore, HMPHCC2-Flurbiprofen compounded cream is not considered as a medically necessary treatment.

HNPC1-Amitriptyline HCl 10% compound cream 240gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 105, 111-113.

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

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of topical analgesics, including compounded medications, as a treatment modality. Topical analgesics are considered as 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. 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. In this case, it is unclear whether the topical compounded cream containing amitriptyline is being used to address neuropathic pain. If so, amitriptyline is only recommended as a first-line oral treatment for neuropathic pain. There are no recommendations in the MTUS guidelines to indicate that topical amitriptyline is an effective therapy. As noted in the above cited guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Further, the records indicate that this medication is intended as a long-term treatment strategy for this patient's symptoms. Long-term therapy with a topical analgesic is not recommended. For these reasons, the compounded medication HNPC1-Amitriptyline compounded cream is not considered as medically necessary.