

Case Number:	CM15-0090653		
Date Assigned:	05/14/2015	Date of Injury:	08/18/2014
Decision Date:	09/01/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	05/11/2015

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: Arizona, 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 35 year old male who sustained an industrial injury on 08-18-2014. Mechanism of injury occurred when he fell exiting a pallet jack, injuring his right ankle, right foot, right lower extremity, right hip, and right upper extremity. Diagnoses include trochanteric bursitis of the hip, hip sprain-strain, knee sprain-strain, ankle sprain-strain, shoulder rotator cuff syndrome, and shoulder sprain-strain. Treatment to date has included diagnostic studies, medications, chiropractic sessions, physical therapy, and extracorporeal shock wave therapy. On 02-11-2015 x rays of the right ankle showed remote spiral fracture is seen in the distal 3rd of the tibia. A right knee x ray done on 02-09-2015 was unremarkable. A physician progress note dated 03/18/2015 documents the injured worker has complaints of pain in the right ankle which he rates as 7-8 out of 10 without medications and 6 out of 10 with medications. There is tenderness to palpation and restricted range of motion is present. He has right dull and aching right hip pain which he rates as 7-8 out of 10 without medications and 6 out of 10 with medications. He has right knee pain which is rates as 4-5 out of 10 on the Visual Analog Scale. His right shoulder pain is rated 6 out of 10 on the Visual Analog Scale. There is restricted range of motion in his right shoulder. He has loss of sleep due to pain and complains of anxiety and depression. The treatment plan includes dispensing Tramadol, Anaprox, Cyclobenzaprine and Omeprazole, and he is to continue with physical therapy. Hot-cold aquatic therapy system is also recommended. Treatment requested is for Amitriptyline HCL 10% Gabapentin 10% Bupivacaine HCL 5% Hyaluronic Acid 0.2% in cream base, Flurbiprofen 20% Baclofen 5% Hyaluronic Acid 0.2% in 2% cream base.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amitriptyline HCL 10% Gabatonin 10% Bupivacaine HCL 5% Hyaluronic Acid 0.2% in cream base: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anti-convulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical anti-epileptics such as Gabapentin and antidepressants such as Amitriptyline are not recommended due to lack of evidence. In addition, the claimant had been on oral analgesics along with other topical analgesics for several months. Long-term use of multiple topical medications is not recommended. Since the compound above contains these topical medications, the compound in question is not medically necessary.

Flurbiprofen 20% Baclofen 5% Hyaluronic Acid 0.2% in 2% cream base: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical muscle relaxants Baclofen are not recommended due to lack of evidence. In addition, the claimant had been on oral analgesics along with other topical analgesics for several months. Long-term use of multiple topical medications is not recommended. Flurbiprofen is a topical NSAID. It is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. It is recommended for short-term use (4-12 weeks) for arthritis. The claimant was not diagnosed with osteoarthritis. The use of topical Flurbiprofen 20% Baclofen 5% Hyaluronic Acid 0.2% is not medically necessary.

