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| Case Number: | CM15-0132919 | | |
| Date Assigned: | 07/21/2015 | Date of Injury: | 10/12/2014 |
| Decision Date: | 08/25/2015 | UR Denial Date: | 06/26/2015 |
| Priority: | Standard | Application Received: | 07/09/2015 |

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 34-year-old male, who sustained an industrial injury on October 12, 2014. He reported a burn of the left upper extremity. He was initially diagnosed with a first degree burn and complained of left upper extremity pain. Treatment to date has included left upper extremity wound care. On April 30, 2015, the injured worker reported lumbar spine was doing well without much pain. He reported occasional pain rated 3 or 4/10 when is at work. The physical exam revealed restricted cervical spine bilateral lateral flexion with pain on right shoulder 3 tenderness to palpation of the right upper trapezius. The injured worker was diagnosed as having a cervical sprain-strain and lumbago. Requested treatments include: Sodium Hyaluronate 0.2% bupivacaine HCL powder 5% gabapentin 10% amitriptyline HCL powder 10% 240gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sodium hyaluronate 0.2% bupivacaine HCL powder 5% gabapentin 10% amitriptyline HCL powder 10% 240gm, Qty: 1.00: Upheld

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

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

Decision rationale: The injured worker sustained a work related injury on October 12, 2014. The medical records provided indicate the diagnosis of upper extremity burns, cervical sprain-strain and lumbago. Treatments have included wound care. The medical records provided for review do not indicate a medical necessity for Sodium hyaluronate 0.2% bupivacaine HCL powder 5% gabapentin 10% amitriptyline HCL powder 10% 240gm, Qty: 1.00. The topical analgesics are largely experimental drugs primarily recommended for treatment of neuropathic pain than has failed treatment with antidepressant and anticonvulsants. The MTUS does not recommend any compounded product that contains at least one drug (or drug class) that is not recommended. None of the agents are recommended topical analgesics.