

Case Number:	CM15-0136413		
Date Assigned:	07/24/2015	Date of Injury:	03/08/2012
Decision Date:	08/21/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	07/14/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 59 year old female sustained an industrial injury on 3/08/12. She subsequently reported neck, back, left knee and left shoulder pain. Diagnoses include cervical, lumbar and left knee strain and left rotator cuff tear. Treatments to date include x-ray and MRI testing, shoulder and knee surgery, injections, prescription pain medications and physical therapy. The injured worker continues to experience neck, low back, left knee and left shoulder pain and swelling. Upon examination, there is tenderness to palpation to the cervical paraspinals and left lower back along with reduced range of motion. Left shoulder range of motion is reduced and Hawkins and impingement tests were positive. The left knee was tender to palpation along the left medial side and medial compartment. A request for Retro pharmacy purchase: Hyaluronic acid, Bupivacaine HCL 5%, Gabapentin 10%, Amitriptyline HCL 10%, Mediderm base compound 240 gm (DOS 4/21/15) was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro pharmacy purchase: Hyaluronic acid, Bupivacaine HCL 5%, Gabapentin 10%, Amitriptyline HCL 10%, Mediderm base compound 240 gm (DOS 4/21/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p60 (2) Topical Analgesics, p111-113 Page(s): 60, 111-113.

Decision rationale: The claimant sustained a work-related injury in March 2012 and continues to be treated for neck, back, and left shoulder and knee pain. When seen, there was decreased cervical and lumbar range of motion with tenderness. There was left shoulder and knee tenderness. Shoulder impingement testing was positive. Authorization for compounded topical cream was requested. Oral Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Its use as a topical product is not recommended. Many agents are compounded as monotherapy or in combination for pain control such as opioids antidepressants, glutamate receptor antagonists, alpha-adrenergic receptor agonists, adenosine, cannabinoids, cholinergic receptor agonists, GABA agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor. There is little to no research to support the use of many these agents including amitriptyline. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it is not possible to determine whether any derived benefit is due to a particular component. In this case, there are other single component topical treatments that could be considered. Guidelines also recommend that when prescribing medications only one medication should be given at a time. This medication is not medically necessary.