

Case Number:	CM15-0137705		
Date Assigned:	07/27/2015	Date of Injury:	01/29/2013
Decision Date:	09/21/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/16/2015

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: 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 56 year old female who sustained an industrial injury on 01/29/2013. The injured worker is currently off work. Diagnoses includes thoracic myofasciitis, lumbar disc protrusion, lumbar myospasms, and left knee chondromalacia. Treatment and diagnostics to date has included acupuncture and medications. A progress note dated 05/28/2015, reported the injured worker continued to complain of thoracic spine, lumbar spine, and left knee pain. The physician also noted that the injured worker only has one kidney. Objective findings included mild antalgic gait, tenderness to palpation and spasms to the thoracic and lumbar paravertebral muscles, and tenderness to palpation to the anterior knee. The treating physician reported requesting authorization for Amitriptyline/Gabapentin/Bupivacaine/Hyaluronic Acid cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amitriptyline HCL 10%/Gabapentin 10%/Bupivacaine HCL 5%/Hyaluronic acid 0.2% in cream base for 30 day supply, topical medications dispensed: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111, 115.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain, Anti-epilepsy drugs (AEDs), Gabapentin (Neurontin), Topical Analgesics Page(s): 18-9, 17-22, 49, 111-13.

Decision rationale: Amitriptyline-Gabapentin-Bupivacaine-Hyaluronic Acid cream is a combination product formulated for topical use. It is made up of amitriptyline (a tricyclic antidepressant), gabapentin (an anticonvulsant), bupivacaine (an anesthetic), and hyaluronic acid (a glycosaminoglycan). The use of topical agents to control pain is considered by the MTUS to be an option in therapy of chronic pain although it is considered largely experimental, as there is little to no research to support their use. The MTUS does not address the topical use of amitriptyline but notes that when used systemically, amitriptyline use should be considered first line therapy for neuropathic pain. Gabapentin is an effective medication in controlling neuropathic pain, but the MTUS does not recommend its use topically. Topical bupivacaine is not specifically mentioned by the MTUS but it does note use of topical local anesthetics is effective for local pain relief. Hyaluronic acid use is not addressed by the MTUS. Its use in medicated creams is thought to act as a moisturizer and aid in transdermal absorption of medications. It is important to note the MTUS states, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Since gabapentin is not recommended for topical use, this product is not recommended. Medical necessity for use of this preparation has not been established.