

Case Number:	CM15-0144843		
Date Assigned:	08/05/2015	Date of Injury:	11/16/2012
Decision Date:	09/25/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/27/2015

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: 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 35 year old female who sustained an industrial-work injury on 11-16-12. She reported an initial complaint of pain in back, neck, and shoulders. The injured worker was diagnosed as having prior head injury, now with cervical spasm, cervical radiculopathy, cervical sprain-strain, rule out cervical protrusion, lumbar myospasms, lumbar pain with radiculopathy, lumbar sprain-strain, right shoulder impingement syndrome, right shoulder sprain-strain, left shoulder impingement, left shoulder sprain-strain, depression, headaches, and nervousness. Treatment to date includes medication. Currently, the injured worker complained of frequent moderate throbbing low back pain, stiffness, numbness, tingling, weakness with pain rated 8 out of 10. Per the re-evaluation by advance care specialist on 6-22-15, exam notes no bruising, swelling, atrophy, or lesion at the lumbar spine, decreased and painful range of motion, moderate tenderness on the L3-5 spinous process and lumbar paravertebral muscles. The requested treatments include Amitriptyline 10% / Gabapentin 10% / Bupivacaine Hcl 5% / Hyaluronic Acid 0.2%

IMR ISSUES, DECISIONS AND RATIONALES

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

Amitriptyline 10% / Gabapentin 10% / Bupivacaine Hcl 5% / Hyaluronic Acid 0.2%:
Upheld

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

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

Decision rationale: MTUS Guidelines are very specific in stating that only FDA/Guideline approved topical agents are recommended and any compound that includes a non-recommended agent(s) is not supported. The Guidelines specifically state that topical Gabapentin is not recommended. In addition, the Guidelines do not support the use of topical Amitriptyline or topical Hyaluronic Acid. There are no unusual circumstances to justify an exception to Guidelines. The Amitriptyline 10% / Gabapentin 10% / Bupivacaine Hcl 5% / Hyaluronic Acid 0.2% is not supported by Guidelines and is not medically necessary.