

<b>Case Number:</b>	CM15-0161162		
<b>Date Assigned:</b>	08/28/2015	<b>Date of Injury:</b>	03/24/2014
<b>Decision Date:</b>	10/02/2015	<b>UR Denial Date:</b>	07/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2015

### 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: New York

Certification(s)/Specialty: Anesthesiology

### 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 37 year old female who sustained an industrial injury on 03-24-2014. Current diagnoses include lumbar disc protrusion, right carpal tunnel syndrome, and left carpal tunnel syndrome. Previous treatments included medications, surgical intervention, physical therapy. Report dated 07-16-2015 noted that the injured worker presented with complaints that included low back pain and stiffness, right wrist pain with numbness and weakness, and left wrist pain with numbness, stiffness, tingling, weakness, and cramping. Pain level was 7 (lumbar spine), 9 (right wrist), and 8 (left wrist) out of 10 on a visual analog scale (VAS). Physical examination was positive for decreased lumbar range of motion with pain and tenderness of the lumbar paravertebral muscles, decreased right and left wrist range of motion with pain, and tenderness of the lateral wrists and volar wrists. The treatment plan included prescriptions for Norco and gabapentin, ordered medical creams, and performed a urinalysis. Disputed treatments include compound-(HS) AGBH (Amitriptyline-Gabapentin-Bupivacaine-Hyaluronic acid base), 240gms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound: (HS) AGBH (Amitriptyline/Gabapentin/Bupivacaine/Hyaluronic acid/base), 240gms: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain - Compound drugs.

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

**Decision rationale:** According to the California MTUS Guidelines (2009), topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control including, for example, NSAIDs, opioids, capsaicin, muscle relaxants, local anesthetics or antidepressants. Guidelines indicate that any compounded product that contains at least 1 non-recommended drug (or drug class) is not recommended for use. In this case, the topical analgesic compound contains: (HS) AGBH (Amitriptyline/ Gabapentin/Bupivacaine/Hyaluronic acid/base). In this case, gabapentin is not FDA approved for a topical application. There is no peer-reviewed literature to support use. Also, the treating physician's request did not include the site of application. Medical necessity for the requested compounded topical analgesic has not been established. The requested treatment is not medically necessary.