

Case Number:	CM15-0165112		
Date Assigned:	09/02/2015	Date of Injury:	01/10/2013
Decision Date:	10/22/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	08/24/2015

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: Hawaii, California, Iowa

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 injury on 1-10-13. Records indicate diagnoses include headache; cervical radiculopathy; cervical sprain, strain; right shoulder muscle spasm; right shoulder strain, sprain; left shoulder muscle spasm; left shoulder sprain, strain; left wrist sprain, strain; loss of sleep. Medications as noted on the PR2 2-10-15 state the medications are not helping. On 4-7-15 she is refusing any treatment, therapy, injection and requesting narcotics for severe pain. She reports being able to do her activities of daily living and is refusing pain stimulator implant. An evaluation on 7-18-15 report subjective complaints of neck, head pain a few times a week that are dull, non-radiating; cervical spine rates at 9 out of 10 without medications and with medication rated at 3 out of 10; Right shoulder/Left shoulder/left elbow/left wrist is dull and aching pain rated at 9 out of 10 without medications; and there is a complain of loss of sleep due to pain. Objective findings reveal cervical spine range of motion are decreased and painful, tenderness to palpation of the bilateral trapezii; muscle spasm of the bilateral trapezii and cervical paravertebral; right shoulder range of motion are decreased and painful; tenderness to palpation of the anterior shoulder and posterior shoulder and there is muscle spasm of the trapezius. Left shoulder range of motion are decreased and painful; tenderness to palpation of the anterior shoulder and posterior; muscle spasm of the trapezius; left elbow range of motion are painful. Medications prescribed include Prilosec 20 mg for GI symptoms related to NSAID medications use #60; Tramadol 150 mg for pain control; Alprazolam 0.5 mg for anxiety, stress and insomnia #60.

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% #240gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams.

Decision rationale: MTUS and ODG recommends usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of anti-depressants and anti-convulsants have failed." The medical documents do not indicate failure of anti-depressants or anticonvulsants. Treatment notes dated 7/19/2015 indicate that Alprazolam was dispensed, but was anxiety, stress, and insomnia. MTUS states that topical Gabapentin is "Not recommended." And further clarifies, "anti-epilepsy drugs: There is no evidence for use of any other anti-epilepsy drug as a topical product." MTUS states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In this request, Gabapentin is not recommended per guidelines. Given the lack of documented failure of antidepressants or anticonvulsants and at least one component containing a non-recommended medication, the request for Amitriptyline HCL 10%, Gabapentin 10%, Bupivacaine HCL 5%, Hyaluronic Acid 0.2% #240gm is not medically necessary.