

Case Number:	CM15-0167072		
Date Assigned:	09/04/2015	Date of Injury:	06/05/2013
Decision Date:	10/08/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	08/25/2015

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, Tennessee

Certification(s)/Specialty: Emergency 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 27 year old male, who sustained an industrial injury on 6-5-2013. He reported a low back injury and right ankle from a trip and fall. Diagnoses include thoracic sprain-strain, myalgia, right wrist sprain-strain, right carpal tunnel syndrome, right ankle sprain-strain, and anxiety. Treatments to date include activity modification, medication therapy, physical therapy, and electric shockwave treatments. Currently, he complained of ongoing pain in the mid back, right shoulder, right wrist, right knee and right ankle. On 7-21-15, the physical examination documented tenderness in the right shoulder and a positive supraspinatus press. There was muscle spasm of the forearm. The right knee was tenderness with decreased range of motion and a positive McMurray's test. The right ankle was noted to have painful decreased range of motion. The plan of care included a prescription for Amitriptyline HCL 10%- Gabapentin 10%- Bupivacaine HCL 5%- Hyaluronic Acid 0.2% in cream base, 240 grams for a thirty day supply.

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 240grams/ 30-day supply: 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): Antidepressants for chronic pain, Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, Hyaluronic Acid and Other Medical Treatment Guidelines UpToDate: Bupivacaine, Drug information.

Decision rationale: This medication is a compounded topical analgesic containing Amitriptyline, gabapentin, Bupivacaine, and Hyaluronic acid. Topical analgesics are recommended for neuropathic pain when anticonvulsants and antidepressants have failed. Compounded topical analgesics are commonly prescribed and there is little to no research to support the use of these compounds. Furthermore, the guidelines state, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Amitriptyline is a tricyclic antidepressant. Tricyclics are generally considered a first-line agent for neuropathic pain, unless they are ineffective, poorly tolerated, or contraindicated. Indications in controlled trials have shown effectiveness in treating central post-stroke pain, post-herpetic neuralgia, painful diabetic and non-diabetic polyneuropathy, and post-mastectomy pain. Negative results were found for spinal cord pain and phantom-limb pain, but this may have been due to study design. Tricyclics have not demonstrated significance in randomized-control trials in treating HIV neuropathy, spinal cord injury, cisplatin neuropathy, neuropathic cancer pain, phantom limb pain or chronic lumbar root pain. Caution is required because tricyclics have a low threshold for toxicity, and tricyclic antidepressant overdose is a significant cause of fatal drug poisoning due to their cardiovascular and neurological effects. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. It is not recommended as a topical preparation. Gabapentin is not recommended. There is no peer-reviewed literature to support use. Bupivacaine is a local anesthetic used in nerve blocks and spinal anesthesia. It is not recommended as a topical preparation. Hyaluronic acid is recommended as an injection for severe osteoarthritis of the knees. It is not recommended as a topical medication. This medication contains drugs that are not recommended. Therefore, the medication cannot be recommended. The request is not medically necessary and should not be authorized.