

Case Number:	CM15-0185477		
Date Assigned:	09/25/2015	Date of Injury:	10/23/2013
Decision Date:	11/09/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/21/2015

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:

This is a 44-year-old male with a date of injury on 10-23-13. A review of the medical records indicates that the injured worker is undergoing treatment for cervical spine, lumbar spine, left shoulder, and left ankle pain. Progress report dated 7-30-15 reports continued complaints of constant, moderate achy neck pain, occasional moderate achy low back pain, constant mild achy left shoulder pain, and constant mild achy left ankle pain. Objective findings: all areas have decreased range of motion with tenderness. Treatments include: medication, physical therapy, left shoulder surgery. Request for authorization dated 7-30-15 was made for Amitriptyline HCL 10% Gabapentin 10% Bupivacaine HCL 5%, Hyaluronic acid 0.2% in cream base 240 gms. Utilization review dated 8-27-15 non-certified the request.

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, Retrospective 240 grams (DOS - 7/30/2015): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The MTUS Guidelines recommend the use of topical analgesics as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Amitriptyline is a tricyclic anti-depressant that shares some properties of muscle relaxants. The MTUS Guidelines and ODG do not address the use of Amitriptyline or other anti-depressants as topical agents for pain, however, the MTUS Guidelines specifically reports that there is no evidence to support the use of topical formulations of muscle relaxants. The MTUS Guidelines do not recommend the use of topical gabapentin as there is no peer-reviewed literature to support use. There is no evidence based guideline in support of the use of topical hyaluronic acid for pain management. As at least one of the medications in the requested compounded medication is not recommended by the guidelines, the request for Amitriptyline HCL 10%/Gabapentin 10%/Bupivacaine HCL 5%/Hyaluronic Acid 0.2% in cream base, Retrospective 240 grams (DOS - 7/30/2015) is determined to not be medically necessary.