

Case Number:	CM15-0189836		
Date Assigned:	10/02/2015	Date of Injury:	07/05/2009
Decision Date:	11/13/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	09/28/2015

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: Physical Medicine & Rehabilitation

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 male, who sustained an industrial injury on 7-5-09. The injured worker was diagnosed as having bilateral carpal tunnel syndrome, bilateral basal joint degenerative traumatic arthritis and status post bilateral carpal tunnel release. The physical exam (6-17-15 through 7-16-15) revealed a positive median nerve compression test on the left and decreased light touch sensation in the median nerve distribution on the left side. Treatment to date has included occupational therapy from 3-12-15 to at least 4-9-15, an EMG-NCS on 7-10-15 showing bilateral C5-C6 radiculopathy, Flexeril, Tylenol #4, Gabapentin and Amitriptyline 10%, Gabapentin 10%, Bupivacaine 5%, Hyaluronic Acid 0.2% in cream base (since at least 7-16-15). As of the PR2 dated 8-13-15, the injured worker reports pain in both hands and finger and cramps and numbness in the right hand. Objective findings include a positive median nerve compression test and Tinel's sign in the left carpal tunnel, increased pain in the left basal joint and tenderness in the left first dorsal compartment. The treating physician requested Amitriptyline 10%, Gabapentin 10%, Bupivacaine 5%, Hyaluronic Acid 0.2% in cream base, apply 2-3 times daily #240 grams. On 8-13-15 the treating physician requested a Utilization Review for Amitriptyline 10%, Gabapentin 10%, Bupivacaine 5%, Hyaluronic Acid 0.2% in cream base, apply 2-3 times daily #240 grams. The Utilization Review dated 9-15-15, non-certified the request for Amitriptyline 10%, Gabapentin 10%, Bupivacaine 5%, Hyaluronic Acid 0.2% in cream base, apply 2-3 times daily #240 grams.

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 5%, Hyaluronic Acid 0.2% in cream base, apply 2-3 times daily #240 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation
<http://www.fda.gov/forconsumers/consumerupdates/ucm049367.htm>.

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

Decision rationale: The patient presents on 08/13/15 with sore muscles, pain in the hands and fingers with associated numbness and weakness. The patient's date of injury is 07/05/09. The request is for AMITRIPTYLINE 10%, GABAPENTIN 10%, BUPIVACAINE 5%, HYALURONIC ACID 0.2% IN CREAM BASE, APPLY 2-3 TIMES DAILY #240 GRAMS. The RFA is dated 08/13/15. Physical examination dated 08/13/15 reveals tenderness to palpation of the first dorsal compartment of the left hand, positive Finklestein's test, medial nerve compression test, and Tinel's sign in the left wrist/hand. The patient is currently prescribed Neurontin, Tylenol 4, Lunesta, and Remeron. Patient is currently classified as temporarily totally disabled for six weeks. MTUS Guidelines, Topical Analgesics section, page 111-113 has the following under Gabapentin: "Not recommended. There is no peer-reviewed literature to support use." Regarding topical compounded creams on pg 111. Guidelines state, "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." About the compounded cream containing Amitriptyline, Gabapentin, Bupivacaine, and Hyaluronic acid, the requested cream is not supported by MTUS guidelines. MTUS guidelines do not provide support for Gabapentin in topical formulations owing to a lack of peer-reviewed literature demonstrating efficacy. MTUS does not support topical Bupivacaine, Amitriptyline, or Hyaluronic acid, either. Guidelines also state that any topical compounded cream, which contains an unsupported ingredient, is not indicated. Therefore, this request IS NOT medically necessary.