

Case Number:	CM15-0190374		
Date Assigned:	10/02/2015	Date of Injury:	06/11/2015
Decision Date:	11/12/2015	UR Denial Date:	08/28/2015
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: Arizona, California

Certification(s)/Specialty: Family Practice

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 47 year old female, who sustained an industrial injury on 6-11-2015. The injured worker is undergoing treatment for lumbar and hip strain-sprain. Medical records dated 8-20-2015 indicate the injured worker complains of low back and hip pain. Exam dated 8-19-2015 indicates constant achy low back pain rated 10 out of 10 and right groin rated 10 out of 10. Visit dated 6-22-2015 indicates right hip-groin pain rated 8 out of 10 and worsened. Physical exam dated 8-20-2015 notes decreased lumbosacral range of motion (ROM) and sensation, positive straight leg raise on the right, paraspinal tenderness to palpation, and spasm, positive Kemps and slow guarded gait. Treatment to date has included topical creams, Tramadol, Zolpidem, pantoprazole, diclofenac sodium, Norco and alprazolam. The original utilization review dated 8-28-2015 indicates the request for Amitriptyline 10% Gabapentin 10% Bupivacaine 5% Hyaluronic acid 0.2% in cream base 30 gms is non-certified.

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 30 gms: 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 rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical anti epileptics such as Gabapentin are not recommended due to lack of evidence. In this case, the claimant was also on numerous oral NSAIDS and opioids without mention of reduction. Since the compound above contains these topical medications, the Amitriptyline 10% Gabapentin 10% Bupivacaine 5% Hyaluronic acid 0.2% is not medically necessary.