

<b>Case Number:</b>	CM15-0198200		
<b>Date Assigned:</b>	10/13/2015	<b>Date of Injury:</b>	03/30/2011
<b>Decision Date:</b>	11/23/2015	<b>UR Denial Date:</b>	09/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2015

### 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: 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 44 year old female, who sustained an industrial injury on 3-30-11. The injured worker is being treated for cervical spine sprain-strain, lumbar spine radiculopathy, bilateral carpal tunnel syndrome, bilateral shoulder sprain-strain, anxiety and depression. Treatment to date has included oral medications including Norco 10-325mg (not helping as much), physical therapy, and acupuncture, bilateral carpal tunnel release and activity modifications. On 5-28-15, the injured worker complains of continued low back pain which is constant rated 8-9 out of 10 and left wrist pain with sensitivity. At this time the injured worker was not working. Physical exam performed on 5-28-15 revealed painful range of motion of left wrist. The treatment plan included continuation of physical therapy and acupuncture, trial of Mobic 15mg #60, paraffin wax machine and elevated toilet seat cover; and prescriptions for Xanax and Ambien. On 9-11-15, request for Retrospective request for compound Amitriptyline-Gabapentin-Bupivacaine-Water-Hyaluronic-Acid-Methylparaben-Propylparaben and Flurbiprofen-Baclofen-Purified water-Hyaluronic Acid - Dexamethasone-Methylparaben - Propylparaben was non-certified by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Retrospective request for compound Amitriptyline / Gabapentin / Bupivacaine / Water / Hyaluronic / Acid / Methylparaben / Propylparaben, date of service 7/22/15: Upheld**

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

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

**Decision rationale:** The requested Retrospective request for compound Amitriptyline / Gabapentin / Bupivacaine / Water / Hyaluronic / Acid / Methylparaben / Propylparaben, date of service 7/22/15, is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of anti-depressants and anti-convulsants." The injured worker has continued low back pain which is constant rated 8-9 out of 10 and left wrist pain with sensitivity. The treating physician has not documented trials of anti-depressants or anti-convulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis, nor objective evidence of functional improvement from any previous use. The criteria noted above not having been met, Retrospective request for compound Amitriptyline / Gabapentin / Bupivacaine / Water / Hyaluronic / Acid / Methylparaben / Propylparaben, date of service 7/22/15 is not medically necessary.

**Retrospective request for compound Flurbiprofen / Baclofen / Purified water / Hyaluronic Acid / Dexamethasone / Methylparaben / Propylparaben, date of service 7/22/15: Upheld**

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

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

**Decision rationale:** The requested Retrospective request for Retrospective request for compound Flurbiprofen / Baclofen / Purified water / Hyaluronic Acid / Dexamethasone / Methylparaben / Propylparaben, date of service 7/22/15, is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants." The injured worker has continued low back pain which is constant rated 8-9 out of 10 and left wrist pain with sensitivity. The treating physician has not documented trials of anti-depressants or anti-convulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis, nor objective evidence of functional improvement from any previous use. The criteria noted above not having been met, Retrospective request for compound Flurbiprofen / Baclofen / Purified water / Hyaluronic Acid / Dexamethasone / Methylparaben / Propylparaben, date of service 7/22/15 is not medically necessary.