

<b>Case Number:</b>	CM15-0198878		
<b>Date Assigned:</b>	10/14/2015	<b>Date of Injury:</b>	03/15/2012
<b>Decision Date:</b>	11/20/2015	<b>UR Denial Date:</b>	09/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2015

### 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 58 year old male who sustained an industrial injury on 03-15-2012. Medical records indicated the worker was treated for lumbar disc displacement. In the provider notes of 08-27-2015, the injured worker complains of constant moderate, sharp, throbbing, burning low back pain with stiffness, heaviness, tingling, weakness and cramping with numbness. Relief is obtained from medication. He complains of activity dependent frequent, moderate, dull left knee pain, with stiffness, heaviness, tingling, and weakness with numbness. He gets relief from medication. On examination, the worker's gait is slow and guarded and favors the right lower extremity. He uses a single point cane for ambulation. The ranges of motion are decreased and painful. There is tenderness to palpation of the lumbar paravertebral muscles with muscle spasm of the lumbar paravertebral muscles. Sitting Straight leg raise causes pain bilaterally. There is decreased flexion in the left knee with tenderness to palpation of the anterior knee. McMurray's is positive. The worker is dispensed Alprazolam for anxiety, Diclofenac Sodium for pain and inflammation, Cyclobenzaprine 7.5 mg to relax the muscles, and Tramadol 50 mg for chronic pain. Voltaren cream was given to use on the affected area, and Somata was prescribed at bedtime. Two other topical compounded creams were prescribed. A request for authorization was submitted for Compound (HS) AGBH- Amitriptyline 10%, Gabapentin 10%, Bupivacaine 5%, Hyaluronic Acid 0.2% in cream base, 240grams. A utilization review decision 09-12-2015 non-certified the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound (HS) AGBH- Amitriptyline 10%, Gabapentin 10%, Bupivacaine 5%, Hyaluronic Acid 0.2% in cream base, 240grams: 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:** 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 already provided a topical NSAID and oral opioids. Multiple topicals are not indicated. Since the compound above contains ingredients that are not supported along with numerous other analgesics, the Amitriptyline 10%, Gabapentin 10%, Bupivacaine 5%, Hyaluronic Acid 0.2% in cream base is not medically necessary.