

<b>Case Number:</b>	CM15-0206797		
<b>Date Assigned:</b>	10/23/2015	<b>Date of Injury:</b>	08/16/2012
<b>Decision Date:</b>	12/09/2015	<b>UR Denial Date:</b>	09/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2015

### 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 64-year-old female, who sustained an industrial injury on 8-16-2012. The injured worker was diagnosed as having left elbow sprain-strain and status post left elbow surgery. Treatment to date has included diagnostics, surgery, and medications. On 9-09-2015, the injured worker complains of "constant moderate achy left elbow pain" (unchanged from 8- 11-2015). Exam of the left elbow noted flexion 130-140, extension 30-0, pronation 80-80, and supination 80-80. There was tenderness to palpation of the anterior, lateral, medial, and posterior elbow. Work status was permanent and stationary. Function with activities of daily living was not described. She was to continue Voltaren gel and Norco. Failed medications, if any, were not specified. She was prescribed Gabapentin and compound creams. The use of topical compound medications was noted since at least 5-2015. The treatment plan included Amitriptyline HCL 10%, Gabapentin 10%, Bupivacaine HCL 5%, Hyaluronic Acid 0.2% in cream base, 240grams (30 day supply), apply a thin layer 2-3 times a day as needed for pain, non-certified by Utilization Review on 9-17-2015.

### 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, 240grams (30 day supply), apply a thin layer 2-3 times a day as needed for pain: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), Capsaicin, topical, NSAIDs, GI symptoms & cardiovascular risk, Topical Analgesics.

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

**Decision rationale:** The patient presents on 09/09/15 with moderate achy left elbow pain. The patient's date of injury is 08/16/12. The request is for AMITRIPTYLINE HCL 10%, GABAPENTIN 10%, BUPIVACAINE HCL 5%, HYALURONIC ACID 0.2% IN CREAM BASE, 240 GRAMS (30 DAY SUPPLY), APPLY A THIN LAYER 2-3 TIMES A DAY AS NEEDED FOR PAIN. The RFA is dated 09/09/15. Physical examination dated 09/09/15 reveals decreased range of motion in the left elbow on flexion, with tenderness to palpation noted along the anterior, lateral, medial, and posterior aspects of the left elbow noted. The patient is currently prescribed Norco and topical compounded creams. Patient is currently classified as permanent and stationary. 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 that "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.