

Case Number:	CM15-0208441		
Date Assigned:	10/27/2015	Date of Injury:	12/22/2012
Decision Date:	12/15/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/22/2015

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, North Carolina
 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 41 year old with a date of injury on 12-22-2012. The injured worker is undergoing treatment for status post right ankle osteochondritis dissecans repair via arthroscopy on 03-22-2-13, sinus tarsi syndrome, and subtalar joint sprain. A physician progress note dated 06-10-2015 documents the injured worker states his ankle is doing well. He was injected in the sinus tarsi at his last visit two weeks ago and his pain completely resolved a day after the injection. Now it is slowly coming back. This pain has been coming and going over the last year. Cortisone injections help for a temporary period of time. He rates his pain as 3 out of 10 today. He has no pain on palpation of the right ankle. There is pain on palpation and edema of the sinus tarsi. Range of motion of the sinus tarsi is painful. Treatment to date has included medications, status post right ankle osteochondritis dissecans repair via arthroscopy on 03-22-2-13, cortisone injections, physical therapy, and orthotics. On 09-24-2015, Utilization Review non-certified the request for Compound: (HS) AGB-Amitriptyline 10%/ Gabapentin 10%/ Bupivacaine 5% in cream base, 240gm (prescription date 9/14/15).

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound: (HS) AGB- Amitriptyline 10%/ Gabapentin 10%/ Bupivacaine 5% in cream base, 240gm (prescription date 9/14/15): 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: CA MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. There is little to no research to support the use of many of these agents. Further, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, the compounded product contains Amitriptyline, Gabapentin and Bupivacaine. Amitriptyline and Gabapentin are specifically not recommended by MTUS for topical use. Therefore, the request is not medically necessary or appropriate.