

Case Number:	CM15-0208971		
Date Assigned:	10/27/2015	Date of Injury:	06/09/2015
Decision Date:	12/08/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/23/2015

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 21 year old male, who sustained an industrial injury on 06-09-2015. He has reported injury to the jaw. The diagnoses have included TMJ (temporomandibular joint) dysfunction; and thoracic sprain-strain. Treatment to date has included medications, diagnostics, rest, and acupuncture. Medications have included Motrin, Prilosec, Voltaren, Tramadol, and Cyclobenzaprine. A progress report from the treating physician, dated 09-18-2015, documented a follow-up visit with the injured worker. The injured worker reported sharp jaw pain, rated at 5 out of 10 in intensity; sharp, throbbing upper-mid back pain with stiffness and weakness; the pain is rated at 6-7 out of 10 with medication; the pain is associated with repetitive movement, lifting 10 pounds, prolonged or repetitive sitting, prolonged or repetitive standing, walking, or squatting; and he gets relief from medication and rest. Objective findings included decreased ranges of motion of the thoracic spine; there is tenderness to palpation of the bilateral trapezii and thoracic paravertebral muscles; and there is muscle spasm of the bilateral trapezii and thoracic paravertebral muscles. The treatment plan has included the request for Compound HNPC1 - Amitriptyline HCl 10%-Gabapentin 10%-Bupivacaine HCl 5%-Hyaluronic acid 0.2% in cream base 240 grams. The original utilization review, dated 10-01-2015, non-certified the request for Compound HNPC1 - Amitriptyline HCl 10%-Gabapentin 10%-Bupivacaine HCl 5%-Hyaluronic acid 0.2% in cream base 240 grams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound HNPC1 - Amitriptyline HCL 10%/Gabapentin 10%/Bupivacaine HCL 5%/Hyaluronic acid 0.2% in cream base 240 grams: 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 and antidepressants such as Amitriptyline are not recommended due to lack of evidence. The claimant was also prescribed other topical medications containing NSAIDS along with oral NSAIDS and opioids. Multiple topical analgesics are not recommended. Since the compound above contains these topical medications, the compound in question is not medically necessary.