

Case Number:	CM15-0215816		
Date Assigned:	11/05/2015	Date of Injury:	06/25/2014
Decision Date:	12/16/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	11/03/2015

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: Utah, Arkansas

Certification(s)/Specialty: Family Practice, Sports 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 58 year old female, who sustained an industrial injury on 06-25-2014. The injured worker is currently off work. Medical records indicated that the injured worker is undergoing treatment for rotator cuff tear and shoulder impingement. Treatment and diagnostics to date has included physical therapy, acupuncture, and medications. Recent medications have included Diclofenac, Pantoprazole, and compound creams (all since at least 07-09-2015). Subjective data (09-09-2015, 09-16-2015, and 09-23-2015), included shoulder pain rated 2-3 out of 10 (09-09-2015), 4 out of 10 (09-16-2015), and 7 out of 10 (09-23-2015). Objective findings (09-09-2015, 09-16-2015, and 09-23-2015) included decreased and painful range of motion to right shoulder. The request for authorization dated 09-24-2015 requested Diclofenac, Pantoprazole, and compound (HS) AGB - Amitriptyline 10%-Gabapentin 10%-Bupivacaine 5% in cream base, apply a thin layer 2-3 times per day as needed, 240 grams. The Utilization Review with a decision date of 10-05-2015 non-certified the request for HS - AGB - Amitriptyline 10%, Gabapentin 10%, Bupivacaine 5% 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:

HS AGB-Amitriptyline 10%/Gabapentin 10%/Bupivacaine 5% 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: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for a topical analgesic. The MTUS guidelines discuss compounding medications. The guidelines state that a compounded medicine, that contains at least one drug (or class of medications) that is not recommended, is not recommended for use. The guidelines also state that topical analgesics 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. The MTUS states gabapentin is not recommended as a topical analgesic. Therefore, according to the guidelines cited, it cannot be recommended at this time. The request for the compounded medication is not medically necessary.