

Case Number:	CM15-0052669		
Date Assigned:	03/26/2015	Date of Injury:	12/10/2009
Decision Date:	05/05/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/19/2015

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 61 year old female, who sustained an industrial injury on 12/10/09. She reported right leg and foot injury. The injured worker was diagnosed as having lumbar radiculopathy, lumbar sprain/strain, right knee chondromalacia, left knee chondromalacia, right ankle and foot joint pain and right ankle/foot difficulty walking. Treatment to date has included pain management and physical therapy. (MRI) magnetic resonance imaging and (EMG) Electromyogram studies have been performed in the past. Currently, the injured worker complains of occasional moderate, achy low back pain; constant moderate, achy right and left knee pain and frequent moderate achy right foot pain. Upon physical exam tenderness is noted to palpation of the lumbar paravertebral muscles with muscle spasm, tenderness to palpation of anterior, lateral, medial and posterior right and left knee and tenderness to palpation of the calcaneus dome and dome of talus of right foot. The treatment plan consisted of request for acupuncture, (EMG) Electromyogram/ (NCV) Nerve Condition Velocity studies and gabapentin/amitriptyline/bupivacaine cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 10%, Amitriptyline 10%, Bupivacaine 5% in compound cream base 210mg:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

Decision rationale: The request is for a topical analgesic containing Gabapentin, amitriptyline and bupivicanine for chronic pain. The MTUS guideline state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of these agents. Further, any compounded product that contains at least one drug that is not recommended is not recommended. Gabapentin is not recommended according to MTUS guidelines. There is no peer reviewed literature to support its use. Amitriptyline and Bupivicanine are not specifically mentioned by MTUS, however there is also no peer reviewed literature to support their use. Thus the request for this topical agent is determined to be not medically necessary.