

Case Number:	CM15-0083001		
Date Assigned:	05/05/2015	Date of Injury:	04/07/2008
Decision Date:	06/03/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/30/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 47-year-old female with an industrial injury dated 04/07/2008. Her diagnoses included cervical radiculopathy, cervical spine sprain/strain, cervical spinal stenosis, cephalgia, shoulder sprain/strain, trigger finger, hand sprain/strain, insomnia, anxiety and depression. Prior treatments included electro diagnostic studies of upper extremities (documented by provider as abnormal), physical therapy, cervical arthrodesis on 04/20/2013, lumbar epidural injections, acupuncture and medications. She presented on 03/19/2015 with complaints of dull and aching pain with associated headaches rated as 6-7/10 without medications and 4-5/10 with medications. The pain was associated with radiating pain, numbness and tingling to both upper extremities. It was aggravated by neck movements and relieved with rest and medications. Other complaints included dull and aching pain in the right hand rated as 9-10/10 without medications and 5/10 with medications and dull and aching pain in the 2nd and 3rd right fingers rates as 6/10 without medications and 3/10 with medications. Physical exam revealed nuchal tenderness bilaterally with tenderness and myospasm over bilateral paracervical muscles and bilateral trapezius muscles. Cervical range of motion was decreased in all planes due to neck pain. There was tenderness and myospasm over the left shoulder with decreased range of motion. The right 2nd and 3rd fingers were also tender with limited range of motion due to pain. Neurological exam was normal. She also complained of anxiety, depression and difficulty sleeping. Her medications consisted of alprazolam for sleep, topical cream for pain, pain medication and muscle relaxants. The plan of treatment included the

above medications and a hot/cold unit to help decrease pain and decrease the need for oral medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound: Amitriptyline 10%/Gabapentin 10%/Bupivacaine 5%/Hyaluronic Acid 0.2%
240gms: Upheld**

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p60 (2) Topical Analgesics, p111-113 Page(s): 60, 111-113.

Decision rationale: The claimant has a remote history of a work injury occurring in April 2008 and continues to be treated for neck, bilateral shoulder, and right hand pain. Medications being prescribed were omeprazole, soma, alprazolam, and topical creams. Physical examination findings included decreased and painful cervical spine range of motion with positive Spurling and Distraction tests. There was paraspinal and trapezius muscle tenderness. There was decreased left shoulder range of motion with positive impingement testing and right wrist and right finger tenderness with decreased range of motion. Tinel's and Phalen's tests were positive. Oral Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Its use as a topical product is not recommended. Many agents are compounded as monotherapy or in combination for pain control such as opioids antidepressants, glutamate receptor antagonists, alpha-adrenergic receptor agonists, adenosine, cannabinoids, cholinergic receptor agonists, GABA agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor. There is little to no research to support the use of many these agents including amitriptyline. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it is not possible to determine whether any derived benefit is due to a particular component. Guidelines also recommend that when prescribing medications only one medication should be given at a time. Therefore, this medication was not medically necessary.