

Case Number:	CM15-0113795		
Date Assigned:	06/22/2015	Date of Injury:	07/02/2013
Decision Date:	07/21/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	06/12/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 38-year-old male, who sustained an industrial injury on 7/2/13. He reported lower and mid back pain. The injured worker was diagnosed as having lumbar herniated nucleus pulposus with L4-5 moderate neural foraminal narrowing and moderate central canal stenosis, lumbar radiculopathy, left shoulder arthralgia, and thoracic herniated nucleus pulposus. Treatment to date has included chiropractic treatment, physical therapy, acupuncture, transforaminal epidural steroid injection at bilateral L4-5, and medication including Ultracet, Naproxen, and Gabapentin. Physical examination findings on 4/30/15 included spasms of the lumbar and thoracic bilateral paraspinal musculature. Tenderness to palpation of the thoracic paraspinal left greater than right, lumbar mid spinal region, and bilateral paraspinal musculature was also noted. Currently, the injured worker complains of mid and low back pain with intermittent radiation of pain down the bilateral lower extremities extending to the ankles. The treating physician requested authorization for Amitriptyline HCL 10%/Gabapentin 10%/Bupivacaine HCL 5%/Hyaluronic acid 0.2% in cream base 240g #1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amitriptyline HCl 10%/Gabapentin 10%/Bupivacaine HCl 5%/ Hyaluronic acid 0.2% in cream base 240gms #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; page(s) 111-113.

Decision rationale: Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with multiple joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic to include a compounded anti-depressant and anti-epileptic over oral formulation for this chronic injury without documented functional improvement from treatment already rendered. Guidelines do not recommend long-term use of these anti-depressant and anti-seizure medications for this chronic injury without improved functional outcomes attributable to their use. The Amitriptyline HCl 10%/Gabapentin 10%/Bupivacaine HCl 5%/Hyaluronic acid 0.2% in cream base 240gms #1 is not medically necessary.