

Case Number:	CM15-0114560		
Date Assigned:	06/22/2015	Date of Injury:	01/27/2010
Decision Date:	07/21/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	06/15/2015

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: 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 54 year old female, who sustained an industrial injury on 1/27/2010. She reported a fall backwards, injuring her low back. The medical records referenced additional workplace injuries. The injured worker was diagnosed as having lumbar disc protrusion, lumbosacral sprain/strain. Treatment to date has included diagnostics, medications, aquatic therapy, and physical therapy. Currently, the injured worker complains of constant, moderate and achy low back pain. Exam noted mildly decreased lumbar flexion, and tenderness to palpation and spasm of the lumbar paravertebrals. The treatment plan included continued use of HNPC1 Amitriptyline 10%/Gabapentin 10%/Bupivacaine 5%/Hyaluronic acid 0.2%. She was not working and complaints/objective findings were unchanged for several months, despite the use of topical compound medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

HNPC1 Amitriptyline 10% /Gabapentin 10% /Bupivacaine 5% /Hyaluronic acid 0.2% in Cream Base 240 Gr: Upheld

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

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

Decision rationale: The California chronic pain medical treatment guidelines section on topical analgesics states: Recommended as an option as indicated below. 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. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The requested medication contains ingredients, which are not indicated per the California MTUS for topical analgesic use. Therefore the request is not certified. Therefore, the requested treatment is not medically necessary.