

Case Number:	CM15-0124519		
Date Assigned:	07/09/2015	Date of Injury:	08/16/2012
Decision Date:	09/04/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/29/2015

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: New York

Certification(s)/Specialty: Anesthesiology

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 64 year old female, who sustained an industrial injury on 08/16/2012. She has reported subsequent left arm, elbow and head pain and was diagnosed with left elbow sprain/strain and status post surgery of the left elbow. Treatment to date has included oral and topical pain medication. In a progress note dated 05/19/2015, the injured worker complained of constant moderate achy left elbow pain. Objective findings were notable for tenderness to palpation of the anterior elbow, lateral elbow, medial elbow and posterior elbow with slightly decreased flexion. No gastrointestinal examination findings were documented and there were no documented medication side effects. Voltaren gel was noted to help decrease pain and inflammation in the left elbow. The injured worker was noted to be working for her pre-injury employer and work status was listed as temporarily totally disabled. A request for authorization of Amitriptyline HCL 10%/Gabapentin 10%/Bupivacaine HCL 5%/Hyaluronic acid 0.2% in cream base, quantity of 240 grams was submitted. The physician noted that topical medications were prescribed to minimize possible neurovascular complications, to avoid complications associated with the use of narcotic medications as well as upper gastrointestinal bleeding from the use of non-steroidal anti-inflammatory drugs (NSAID's).

IMR ISSUES, DECISIONS AND RATIONALES

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

Amitriptyline HCL (hydrochloride) 10%, Gabapentin 10% Bupivacaine HCL (hydrochloride) 5%, Hyaluronic acid 0.2% in cream base, Qty 240 grams: 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: According to the CA MTUS guidelines, topical analgesics are "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended for use. As per MTUS, Gabapentin is not recommended and there is no peer-reviewed literature to support use. There were no extenuating circumstances documented to support the use of this medication. In addition, there is no evidence that the injured worker had failed a course of first line therapeutic agents. There was minimal documentation submitted and the most recent notes do not document the severity of pain or a decrease in function/quality of life to support the need for further pain medication. Therefore, the request for authorization is not medically necessary.