

<b>Case Number:</b>	CM15-0174195		
<b>Date Assigned:</b>	09/16/2015	<b>Date of Injury:</b>	03/20/2012
<b>Decision Date:</b>	10/16/2015	<b>UR Denial Date:</b>	08/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2015

### 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 51 year old male, who sustained an industrial injury on March 20, 2012. The injured worker was diagnosed as having cervical sprain and strain, cervicocranial pain, and right shoulder sprain and strain. Treatment and diagnostic studies to date has included medication regimen, physical therapy, acupuncture, magnetic resonance imaging of the cervical spine, and status post right shoulder surgery. In a progress note dated July 23, 2015 the treating physician reports complaints of constant, "severe", sharp, throbbing pain to the neck along with associated symptoms of stiffness, heaviness, numbness, tingling, and weakness. On July 23, 2015 the treating physician also reported complaints of constant, "moderate", sharp, stabbing pain to the right shoulder with numbness and weakness. Examination performed on July 23, 2015 was revealing for right shoulder tenderness at the acromioclavicular joint and decreased range of motion to the cervical spine. Documentation from June 23, 2015 noted the injured worker's medication regimen to include, Diclofenac, Tramadol, Zolpidem, and Cyclobenzaprine and on July 23, 2015 the treating physician noted medications dispensed on this date included Tramadol, Orphenadrine, Zolpidem, and Pantoprazole. On July 23, 2015 the injured worker's pain level was rated an 8 out of 10 to the cervical spine and a 7 out of 10 to the right shoulder, but the documentation provided did not indicate the injured worker's pain level as rated on a pain scale prior to use of his medication regimen and after use of his medication regimen to indicate the effects with the use of the injured worker's medication regimen. Also, the documentation provided did not indicate if the injured worker experienced any functional improvement with use of his medication regimen. On July 23, 2015 the treating physician requested the compound medication of amitriptyline 10%, Gabapentin 10%, Bupivacaine 5%,

Hyaluronic Acid 0.2% (AGBH) at bedtime (HS) for 240gms, but the documentation did not indicate the specific reason for the requested compound medication. On August 03, 2015 the Utilization Review determined the request for the compound medication of amitriptyline 10%, Gabapentin 10%, Bupivacaine 5%, Hyaluronic Acid 0.2% (AGBH) at bedtime (HS) for 240gms to be non-certified.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Compound; (HS) AGBH 240gms:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**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 diffuse spine and 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 antidepressant 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 antidepressant without improved functional outcomes attributable to their use. Additionally, Guidelines do not recommend long-term use of these anti-seizure medications for this chronic 2012 injury without improved functional outcomes attributable to their use. The Compound; (HS) AGBH 240gms (Amitriptyline, Gabapentin, Bupivacaine, Hyaluronic Acid) is not medically necessary and appropriate.