

Case Number:	CM15-0175596		
Date Assigned:	09/16/2015	Date of Injury:	10/28/2010
Decision Date:	10/26/2015	UR Denial Date:	08/22/2015
Priority:	Standard	Application Received:	09/07/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 male who sustained an industrial injury on 10-28-10 when his right hand was crushed resulting in lacerations at the base of his right middle and ring fingers and at the middle joint of the small finger on the palm side of his hand. He experienced immediate pain in the right hand and wrist. He last worked on 10-28-11. Diagnoses included status post right macrophage inflammatory protein (MCP)-2,3,4, proximal interphalangeal (PIP)-5 joint impaction injury with dislocation; status post right palmer region primary repair and proximal interphalangeal joint-5 reduction (10-28-10); status post right wrist arthroscopy, capsulotomy MCP-2,3,4 joints, K-wire (12-7-11); status post right wrist open triangular fibrocartilage complex repair (5-16-12); right MCP-2,3,4 extensor lag; right thumb, long, ring tenderness A-1 pulley without triggering; right ulnar neuritis cubital tunnel; right wrist chronic pain; right wrist pain. He currently (7-24-15) complains of numbness, stiffness and pain in the knuckles of the right hand, fingers; sensitivity of the right wrist; right hand pain radiates to upper arm to shoulders and upper back; pain and stiffness of the neck on the right side; pain to the inner aspect of the right elbow, forearm. He currently has difficulty with lifting, pushing and grasping. On physical exam of the right hand there was pain in the right little finger; no change in range of motion of proximal interphalangeal joints or DIP joints of the right little finger; positive tenderness right lateral epicondyle region; positive tenderness along the ulnar nerve right cubital tunnel. Diagnostics included MRI of the right hand (2011).

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 grams): 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 p113 with regard to topical gabapentin: "Not recommended. There is no peer-reviewed literature to support use." Note the statement on page 111: Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The MTUS is silent on the use of topical Bupivacaine, however, topical lidocaine is only recommended for neuropathic pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). There is no documentation that the injured worker has failed trial of these first-line therapies. Per the article "Topical Analgesics in the Management of Acute and Chronic Pain" published in Mayo Clinic Proceedings (Vol 88, Issue 2, p 195-205), "Studies in healthy volunteers demonstrated that topical amitriptyline at concentrations of 50 and 100 mmol/L produced a significant analgesic effect ($P < .05$) when compared with placebo and was associated with transient increases in tactile and mechanical nociceptive thresholds." Amitriptyline may be indicated. The CA MTUS, ODG, National Guidelines Clearinghouse, and ACOEM provide no evidence-based recommendations regarding the topical application of hyaluronic acid. It is the opinion of this IMR reviewer that a lack of endorsement, a lack of mention, inherently implies a lack of recommendation, or a status equivalent to "not recommended." Regarding the use of multiple medications, MTUS p60 states "Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005) The recent AHRQ review of comparative effectiveness and safety of analgesics for osteoarthritis concluded that each of the analgesics was associated with a unique set of benefits and risks, and no currently available analgesic was identified as offering a clear overall advantage compared with the others." Therefore, it would be optimal to trial each medication individually. As gabapentin is not recommended, the compound is not recommended. The request is not medically necessary.