MAXIMUS Federal Services

Case Number:	CM15-0079404		
Date Assigned:	05/29/2015	Date of Injury:	04/19/1999
Decision Date:	06/25/2015	UR Denial Date:	04/11/2015
Priority:	Standard	Application Received:	04/24/2015

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: Arizona, California
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 65-year-old male who sustained an industrial injury on 04/19/99. Initial complaints and diagnoses are not available. Treatments to date include medication and left knee surgeries. Diagnostic studies are not addressed. Current complaints include leg cramps, upper and lower back pain, and right shoulder pain. Current diagnoses include left knee arthrosis, post meniscectomy arthritis, right knee internal derangement, lumbar discopathy, right shoulder impingement syndrome, and spinal discopathy. In a progress note dated 03/11/15 the treating provider reports the plan of care as acupuncture for the lumbar spine, medications including Norco, Tizanidine, gabapentin, a urine drug screen , and a transdermal cream of gabapentin / Amitriptyline / Bupivacaine / hyaluronic acid. The requested treatments include a transdermal cream of gabapentin / Amitriptyline / Bupivacaine / hyaluronic acid.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of topical compound Gabapentin 10% Amitriptyline 10% Bupivacaine 5% and Hyaluronic acid 0.2% 240g: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical muscle relaxants such as topical Gabapentin are not recommended due to lack of evidence. In this case, the claimant was already on oral Gabapentin and analgesics. Since the compound above contains topical Gabapentin, the compound in question is not medically necessary.