

<b>Case Number:</b>	CM13-0027784		
<b>Date Assigned:</b>	11/22/2013	<b>Date of Injury:</b>	06/09/2003
<b>Decision Date:</b>	01/23/2014	<b>UR Denial Date:</b>	09/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 50-year-old male who reported an injury on 06/09/2003. The patient underwent cervical and lumbar spinal surgery and spinal cord stimulator implantation of the lumbar spine. The patient's most recent clinical examination revealed lumbar and cervical spine pain rated at an 8/10, pain with cervical extension, 4/5 strength of the left upper extremity, a positive Kemp's test, and tenderness to palpation over the lumbar facet joints. The patient's diagnoses included chronic pain syndrome, postlaminectomy syndrome of the cervical region, postlaminectomy syndrome of the lumbar region, thoracic/lumbosacral neuritis/radiculitis, and brachial neuritis/radiculitis. It was determined that the patient was clinically stable with the current medication schedule. The patient's treatment plan included continuation of medication usage with periodic monitoring with urine drug screens.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Baclofen/Doxepine/Gabapentin/Meloxicam/Topiramate/ Pentoxifylline compounded cream:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain, Topical Analgesics Page(s): 60, 111. Decision based on Non-

MTUS Citation study from the European Journal of Pharmacology, "Antidepressants for the New Millennium".

**Decision rationale:** The request for this compounded drug is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the patient has continued pain related to the cervical and lumbar spine region. California Medical Treatment Utilization Schedule does not recommend the use of topical agents due to a lack of scientific efficacy. California Medical Treatment Utilization Schedule does not support the use of Baclofen or Gabapentin or other anticonvulsants such as topiramate as topical agents due to lack of scientific evidence to support the efficacy of these medications. California Medical Treatment Utilization Schedule does not specifically address topical applications of antidepressants. However, peer reviewed literature states that, while local peripheral administration of antidepressants has been demonstrated to produce analgesia in the formulation model of chronic pain, a number of actions, to include inhibition of non-adrenaline and 5-HT re-uptake, inhibition of NMDA, nicotinic, antihistamine, and 5-HT receptors and block of ion channels, and even combination of these actions, may contribute to the local peripheral efficacy of antidepressants; therefore, the contribution of these actions to analgesia by antidepressants, following either system or local administration, remains to be determined. California Medical Treatment Utilization Schedule recommends the usage of topical nonsteroidal anti-inflammatory drugs such as meloxicam and pentoxifylline when oral analgesics cannot be tolerated. The clinical documentation submitted for review provides evidence that the patient has been medically stable on their oral analgesics. California Medical Treatment Utilization Schedule states that any compounded agent that contains 1 or more drug class that is not recommended is not recommended. Additionally, California Medical Treatment Utilization Schedule recommends the use of medications be introduced singularly to support the efficacy of each medication. Therefore, a compounded medication would not be supported by guideline recommendations. As such, the retro usage of Baclofen/Doxepine/Gabapentin/Meloxicam/Topiramate/Pentoxifylline compound is not medically necessary or appropriate.