

<b>Case Number:</b>	CM13-0046546		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	12/24/1998
<b>Decision Date:</b>	04/30/2014	<b>UR Denial Date:</b>	10/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in New York. 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/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 claimant is a 51 year old male who sustained a back injury on 12/24/98 while moving boxes. He has a diagnosis of chronic low back pain and has been treated with medical therapy, physical therapy, TENS unit and surgery. He is s/p thoracolumbar fusion and has had loosening of the screws. On exam he has continued mid to low back pain which increases with lying flat and radiates to both feet. He has been recommended to undergo extension of the fusion from T6 through T10 and replacement of the screws at L3. The treating provider has requested treatment with a topical compound which contains amitriptyline, bupivacaine, clonidine, gabapentin and lidocaine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Amitriptyline/bupivacaine/clonidine/ gabapentin/lidocaine compounded drug dispensed on 10/18/12:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** The Expert Reviewer's decision rationale: There is no documentation provided necessitating use of the requested topical medication. Per California MTUS Guidelines topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, alpha-adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, gamma agonists, prostanooids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor) Any compounded product that contains at least one drug ( or drug class) that is not recommended is not recommended. In this case there have been no studies indicating long-term efficacy of the listed ingredients of the requested topical compound. Medical necessity for the requested treatment has not been established. The requested treatment is not medically necessary.