

<b>Case Number:</b>	CM13-0055093		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	04/10/2013
<b>Decision Date:</b>	08/01/2014	<b>UR Denial Date:</b>	11/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/20/2013

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 injured worker is a 33 year old female injured on 04/10/13 due to an undisclosed mechanism of injury. Current diagnoses include right greater trochanteric bursitis, possible piriformis muscle syndrome, lumbosacral spine strain, and right hip sprain. The clinical documentation indicates the injured worker had completed chiropractic therapy without improvement and acupuncture treatments with significant improvement. Physical assessment reveals tenderness to palpation over the lumbosacral paraspinal muscles, right greater than left, right hip shows full active and passive range of motion with discomfort, tenderness to palpation at the lateral aspect of the right hip over the greater trochanteric bursa, and distal neuro/circulatory status of bilateral lower extremities grossly within normal limits. Current medications include Ambien, Abilify, Lamictal, Topamax, Klonopin, Cymbalta and Risperdal. The initial request for Menthol/Camphor/Capsaicin/Hyaluronic Acid with 5 refills and Gabapentin and Capsaicin solution spray with 5 refills was initially non-certified on 11/18/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro: Menthol/camphor/capsaicin/hyaluronic acid with 5 refills; 11/6/2103: 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.

**Decision rationale:** As noted on page 56 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no indication in the documentation that these types of medications have been trialed and/or failed. Additionally, the components of this compound are readily available in an over-the-counter formulation. Further the request for five refills exceeds the recommended amount to allow for appropriate reevaluation of medication efficacy. As such, the request for Menthol/Camphor/Capsaicin/Hyaluronic acid with 5 refills cannot be recommended as medically necessary.

**Menthol/camphor/capsaicin/hyaluronic acid with 5 refills:** 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.

**Decision rationale:** As noted on page 56 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no indication in the documentation that these types of medications have been trialed and/or failed. Additionally, the components of this compound are readily available in an over-the-counter formulation. Further the request for five refills exceeds the recommended amount to allow for appropriate reevaluation of medication efficacy. As such, the request for Menthol/Camphor/Capsaicin/Hyaluronic acid with 5 refills cannot be recommended as medically necessary.

**Retro: Gabapentin in capsaicin solution spray with 5 refills; 11/6/2013:** 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.

**Decision rationale:** Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no indication in the documentation that these types of medications have been trialed and/or failed. Further, California Medical Treatment Utilization Schedule, Food and Drug Administration, and Official Disability Guidelines require that all components of a compounded topical medication be approved for transdermal use. Gabapentin has not been approved for transdermal use. In addition, there is no evidence within the medical records submitted that substantiates the

necessity of a transdermal versus oral route of administration. Further the request for five refills exceeds the recommended amount to allow for appropriate reevaluation of medication efficacy. Therefore Gabapentin in capsaicin solution spray with 5 refills; 11/6/2013 cannot be recommended as medically necessary as it does not meet established and accepted medical guidelines.

**Gabapentin in capsaicin solution spray with 5 refills: 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.

**Decision rationale:** Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no indication in the documentation that these types of medications have been trialed and/or failed. Further, California Medical Treatment Utilization Schedule, Food and Drug Administration, and Official Disability Guidelines require that all components of a compounded topical medication be approved for transdermal use. Gabapentin has not been approved for transdermal use. In addition, there is no evidence within the medical records submitted that substantiates the necessity of a transdermal versus oral route of administration. Further the request for five refills exceeds the recommended amount to allow for appropriate reevaluation of medication efficacy. Therefore Gabapentin in capsaicin solution spray with 5 refills cannot be recommended as medically necessary as it does not meet established and accepted medical guidelines.