

Case Number:	CM14-0138127		
Date Assigned:	09/05/2014	Date of Injury:	09/01/2011
Decision Date:	10/27/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	08/25/2014

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 Family Medicine, 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 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 patient is a 38 year-old man who was injured at work on 9/1/2011. The injury was primarily to his lower back. He is requesting review of denial for use of a compounded topical analgesic cream containing: (Gabapentin 10%, Cyclobenzaprine 1%, and Lidocaine 5%). Medical records corroborate ongoing care for his injuries. His chronic diagnoses include: Lumbar Spine Strain/Sprain; Left Lower Extremity Radiculopathy; Rule Out Lumbar Spine Discopathy; Left Ankle Strain/Sprain. His current medications are Neurontin, Condrolite and Prilosec. He has also received treatment with Physical Therapy and is engaged in a Self-Directed Home Exercise Program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound medication: Gabapentin 10%, Cyclobenzaprine 1%, Lidocaine 5% 180gm:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

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

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of topical analgesic creams. The use of this class of drugs is considered as largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally 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, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The requested topical cream contains the antiepilepsy drug Gabapentin. The MTUS Guidelines list Gabapentin as "not recommended" as there is no peer-reviewed literature to support its use. In summary, the requested topical analgesic cream contains Gabapentin which is not supported by the MTUS Guidelines. Further, there is no evidence in the medical records that the patient has received an adequate trial of antidepressants and anticonvulsants. Therefore, the requested topical analgesic cream is not considered as a medically necessary treatment.