

<b>Case Number:</b>	CM14-0174695		
<b>Date Assigned:</b>	10/27/2014	<b>Date of Injury:</b>	07/11/1999
<b>Decision Date:</b>	12/24/2014	<b>UR Denial Date:</b>	09/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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:

This is a 67-year-old male patient who sustained a remote industrial injury on 07/11/1999. Diagnosis is listed as degenerative disc disease with sciatica. A primary utilization review indicates the claim is accepted for the back and right hip. Prior treatment history is not documented other than compounded topical creams. Requests for compounded topical creams, specifically Gabapentin 10%, Lidocaine 5% 180gm and Baclofen 2%, Flurbiprofen 5%, L-Carnitine 15% 180gm, were non-certified at utilization review on 09/16/14 as the creams contain ingredients not supported by Guidelines. Included for review is one handwritten progress note dated 09/04/14, limited both in legibility as well as content. It appears the patient is noted to be stable with medications and exercise precautions. Objective findings noted lumbar spine paraspinal tenderness and limited range of motion. Medications were refilled (not listed).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 10%, Lidocaine 5% 180gm:** Upheld

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

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

**Decision rationale:** The CA MTUS states "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily is recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. 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, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) 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." Per the CA-MTUS Guidelines, Lidocaine is only supported as a dermal patch. The requested formulation contains gabapentin, and per CA MTUS, "Gabapentin: Not recommended. There is no peer-reviewed literature to support use." This requested compounded cream contains agents not supported by guidelines and there is a significant lack of documentation regarding prior treatment history, subjective complaints or objective findings. Dosing is not specified. The medical necessity of Gabapentin 10%, Lidocaine 5% 180gm is not established and is therefore not medically necessary.

**Baclofen 2%, Flurbiprofen 5%, L-Carnitine 15% 180gm: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines

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

**Decision rationale:** The CA MTUS states "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...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, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) 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." Guidelines regarding baclofen state "Baclofen: Not recommended...There is no peer-reviewed literature to support the use of topical baclofen." The CA-MTUS Guidelines for topical analgesics states NSAIDs are indicated for "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder." There is no documentation of a diagnosis of osteoarthritis or tendinitis for this patient and this medication is not supported for use in the spine or hip. There is further no peer-reviewed literature or guideline support for topical L-Carnitine. This requested compounded cream contains agents not supported by guidelines and there is a significant lack of documentation regarding prior treatment history, subjective complaints or objective findings.

Dosing is not specified. The requested compounded cream containing Baclofen 2%, Flurbiprofen 5%, L-Carnitine 15% 180gm is not medically necessary.