MAXIMUS Federal Services

| Case Number: | CM14-0094678 | | |
|---|---|---|---|
| Date Assigned: | 07/25/2014 | Date of Injury: | 11/18/2010 |
| Decision Date: | 09/30/2014 | UR Denial Date: | 05/19/2014 |
| Priority: | Standard | Application Received: | 06/23/2014 |

## 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 Internal 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 injured worker is a 59 year old female who sustained work related injuries on 11/18/10. Mechanism of injury was not described. Per the submitted clinical records the injured worker complained of neck pain radiating to the upper extremities, lumbar pain radiating into the lower extremities, and bilateral knee pain. Serial records indicated that the injured worker had clinical evidence of both active cervical and lumbar radiculopathies. The injured worker was being considered for surgical intervention. Review of the available records showed no clinical documentation of VAS scores. The serial clinical notes did not provide any data regarding the efficacy of the oral or topical medications. Utilization review determination dated 05/19/14 non-certified the request for topical Gabapentin, Lidocaine 2% aleo 0.5%, capsaicin 0.025%, menthol 10%, and canamine 5% patch #120 with four refills and topical lidocaine 6% with hyaluronic acid 2% patch #120 with four refills.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Topical Gabapentin 10%, Lidocaine 2%, aleo 0.5%, Capsaicin 0.025%, Menthol 10% and canamine 5% patch, quantity 120 with four refills.:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-114. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Compounded Medications.

**Decision rationale:** MTUS and ODG Guidelines do not recommend the use of compounded medications as these medications are noted to be largely experimental in use with few randomized controlled trials to determine efficacy or safety. Further, the FDA requires that all components of a transdermal compounded medication be approved for transdermal use. This compound contains: Gabapentin 10% which has not been approved by the FDA for transdermal use. Any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended for use. As such, the request is not medically necessary.

**Topical Lidocaine 6% with Hyauloronic 2% patch, quantity 120 with four refills.:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-114. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Compounded Medications.

**Decision rationale:** MTUS and ODG Guidelines do not recommend the use of compounded medications as these medications are noted to be largely experimental in use with few randomized controlled trials to determine efficacy or safety. Further, the FDA requires that all components of a transdermal compounded medication be approved for transdermal use. This compound contains: Hyauloronic 2% which has not been approved by the FDA for transdermal use. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended for use. As such, the request is not medically necessary.