

Case Number:	CM13-0062464		
Date Assigned:	12/30/2013	Date of Injury:	05/11/2011
Decision Date:	02/23/2015	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/06/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 32 year old male was injured 5/11/11 and sustained injury to his low back while pushing a pipe (per Utilization Review). Documentation indicates that this is a re-injury from 2009, when an MRI revealed a 4 mm protrusion at L4-5 and L5-S1 and established axial and low back involvement. The injured worker exhibited persistent pain on the right side of the back and the right buttock area. On 2/1/13 he underwent a right L4-S1 laminectomy and discectomy. After surgery he was receiving post-operative physical therapy. As of 10/15/13 he continued to exhibit tenderness at the lumbarparavertebral muscles with spasm on the right side and tenderness at the right sacral area and sciatic notch and residual numbness and tingling of the right foot. He had considerable stiffness with mobility. He exhibited decreased range of motion associated with low back pain. In the supine position, straight leg raise elicited radicular type pain posteriorly into the right lower extremity. The pain was aggravated by bending, lifting, twisting, pushing, pulling sitting and prolonged walking. The injured workers activities of daily living (bathing, dressing and hygiene) were compromised but this did not preclude him from performing them. Medications included Naproxen, cyclobenzaprine, ondansetron, omeprazole, Tramadol and Terocin Patch. Diagnoses included right lumbar radiculopathy, lumbar disc pathology per MRI (no date for MRI), recurrent musculoligamentous strain of the lumbosacral spine and status post L4-5 and L5-S1 decompression with microdiscectomy, hemilaminotomy and foraminotomy. He was able to continue with post-operative physical therapy twice a week for four weeks. On 9/9/13 he completed a short course of physiotherapeutic measures the included some exercises and this elicited complaints on the part of the injured worker. He had six urine evaluation (7/7/13 to

11/5/13) to determine the current level of prescription medications and they were consistent with what was prescribed. By 11/5/13 the radicular component of his pain had resolved but he had increasing pain in the low back with some transient extension of symptomatology into the legs bilaterally. It was recommended that he needed to lose a considerable amount of weight. There was no indication as to how this would be accomplished. He remained temporarily totally disabled and has not worked since August 2011. On 11/26/13 Utilization Review non-certified a request for compound medication Gabapentin 10% in Capsaicin solution based on MTUS Chronic Pain Guidelines indicating that there is no peer-reviewed literature to support its use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Request for compound medication-Gabapentin 10% in Capsaicin solution: 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): 111-112.

Decision rationale: While topical capsaicin may be indicated for the IW's lower back pain per MTUS, per MTUS p113 with regard to topical gabapentin: "Not recommended. There is no peer-reviewed literature to support use." Gabapentin is not indicated. Regarding the use of multiple medications, MTUS p60 states "Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005) The recent AHRQ review of comparative effectiveness and safety of analgesics for osteoarthritis concluded that each of the analgesics was associated with a unique set of benefits and risks, and no currently available analgesic was identified as offering a clear overall advantage compared with the others." Therefore, it would be optimal to trial each medication individually. The MTUS Chronic Pain Medical Treatment Guidelines state that topical medications are "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. (Namaka, 2004) 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. (Colombo, 2006) 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." Since gabapentin is not recommended, this request is not medically necessary.