

Case Number:	CM14-0183433		
Date Assigned:	11/10/2014	Date of Injury:	11/14/1993
Decision Date:	01/02/2015	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	11/04/2014

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 Maryland. 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 employee was a 60 year old male who sustained an industrial injury on 11/14/1933. He was being treated for low back pain with radiculopathy. Prior treatments included ESI (epidural steroid injection) done in April 2014, Norco, Lyrica, NSAIDs and Skelaxin. The visit note from 08/27/14 was reviewed. His pain was well controlled with oral medications. He had no side effects. He had low back pain with tingling and numbness. Pertinent examination findings included tenderness along the midline in the upper and lower region, tender paraspinals in the lumbar region, tender sacroiliac joints on the right and positive Faber's, Gaensien's and Yoeman's test with positive straight leg raising bilaterally. Sensation was decreased to light touch in L4-S1 dermatome. Assessment included thoracic or lumbosacral neuritis or radiculitis and lumbago. The request was for a topical compounded cream that contained Gabapentin 15%, Doxepin 5%, Loperamide 7%, Tetracaine 2% and amantadine 10%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound medication (containing Gabapentin, doxepin, loperamide, tetracaine and amantadine), 360 grams: 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): 112-113.

Decision rationale: According to the MTUS, Chronic Pain medical treatment guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. In addition, the guidelines add that the topical analgesics are largely experimental in use with few RCTs to determine their efficacy or safety and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Gabapentin is not recommended as a topical medication per MTUS. Therefore, the request for the compounded cream that has Gabapentin is not medically necessary or appropriate.