

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0100349 | | |
| Date Assigned: | 06/05/2015 | Date of Injury: | 09/02/2014 |
| Decision Date: | 07/16/2015 | UR Denial Date: | 04/27/2015 |
| Priority: | Standard | Application Received: | 05/26/2015 |

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 an 80 year old female, who sustained an industrial injury on September 2, 2014. No subjective complaints were included. The injured worker was diagnosed as having wrist sprain, left shoulder sprain/strain, lumbar sprain, lumbar myofascitis, hand sprain/strain, left acromioclavicular joint sprain/strain, shoulder sprain/strain and left carpal sprain. Treatment to date has included radiographic imaging. The injured worker reported an industrial injury in 2014, resulting in the above noted diagnoses. No treatments were included in the provided documentation. Compound creams were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

CMPD - Gabapentin/Amitripty/Dextromet/Versapro Day Supply: 30, QTY: 180, Rx Date: 10/20/2014: Upheld

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

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

Decision rationale: Based on the progress reported dated 4/7/15 quoted in utilization review letter dated 4/24/15, the patient has filed a claim for chronic low back, shoulder, and wrist pain. The treater has asked for CMPD - GABAPENTIN/AMITRIPTY/DEXTROMET/VERSAPRO DAY SUPPLY: 30, QTY: 180, RX DATE: 10/20/2014 but the requesting progress report is not included in the provided documentation. The request for authorization was not included in provided reports. The included documentation does not provide any progress reports. Per 4/7/15 progress report quoted in utilization review letter dated 4/24/15, the patient has been treated with analgesic medications, topical compounds, unspecified amounts of physical therapy, and extensive periods of time off work. The patient's work status is total temporary disability per 4/7/15 progress report quoted in utilization review letter dated 4/24/15. Regarding topical analgesics, MTUS guidelines on page 111, state that "Gabapentin: Not recommended. There is no peer-reviewed literature to support use." The MTUS has the following regarding topical creams (p111, chronic pain section): Lidocaine Indication: Neuropathic pain. Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine(whether creams, lotions or gels) are indicated for neuropathic pain. MTUS Guidelines page 111 has the following regarding topical creams, "Topical analgesics are largely experimental and used with few randomized controlled trials to determine efficacy or safety." MTUS states that many agents are compounded for pain control including antidepressants and that there is little to no research to support their use. MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." In this case, the request is for compound cream of Gabapentin/Amitripty/Dextromet/Versapro. The treater does not discuss this request in the documentation provided. MTUS, however, specifically states that Gabapentin and anti-depressants such as Amitriptyline are not recommended in any topical formulation. Additionally, the Guidelines state clearly that "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Hence, this request IS NOT medically necessary.

CMPD - Capsaicin/Flurbipro/Gabapenti/Menthol C/Camph, Day Supply: 30, QTY: 180, Rx Date: 10/20/2014: Upheld

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

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

Decision rationale: Based on the progress reported dated 4/7/15 quoted in utilization review letter dated 4/24/15, the patient has filed a claim for chronic low back, shoulder, and wrist pain. The treater has asked for CMPD - CAPSAICIN/FLURBIPRO/GABAPENTI/MENTHOL C/CAMPH, DAY SUPPLY: 30, QTY: 180, RX DATE: 10/20/2014 but the requesting progress report is not included in the provided documentation. The request for authorization was not

included in provided reports. The included documentation does not provide any progress reports. Per 4/7/15 progress report quoted in utilization review letter dated 4/24/15, the patient has been treated with analgesic medications, topical compounds, unspecified amounts of physical therapy, and extensive periods of time off work. The patient's work status is total temporary disability per 4/7/15 progress report quoted in utilization review letter dated 4/24/15. Regarding topical analgesics, MTUS guidelines on page 111, state that "Gabapentin: Not recommended. There is no peer-reviewed literature to support use." The MTUS has the following regarding topical creams (p111, chronic pain section): Lidocaine Indication: Neuropathic pain. Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine(whether creams, lotions or gels) are indicated for neuropathic pain. MTUS Guidelines page 111 has the following regarding topical creams, "Topical analgesics are largely experimental and used with few randomized controlled trials to determine efficacy or safety." MTUS states that many agents are compounded for pain control including antidepressants and that there is little to no research to support their use. MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." In this case, the request is for compounded cream of Capsaicin/Flurbipro/Gabapenti/Menthol C/Camph. The treater does not discuss this request in the documentation provided. MTUS, however, specifically states that Gabapentin are not recommended in any topical formulation. MTUS guidelines also recommend against the use of topical formulations with Capsaicin unless other treatments have failed to provide the desired benefits. Additionally, the Guidelines state clearly that "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Hence, this request IS NOT medically necessary.