

<b>Case Number:</b>	CM15-0131865		
<b>Date Assigned:</b>	07/20/2015	<b>Date of Injury:</b>	08/26/2009
<b>Decision Date:</b>	08/17/2015	<b>UR Denial Date:</b>	06/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/08/2015

### 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: North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 49 year male with an industrial injury dated 08/26/2009. His diagnoses included lumbar fusion times three, lumbar disc; sexual dysfunction and psych sleep disorder. Prior treatment included physical therapy, medications-including pain creams, pool therapy and diagnostics. He presented on 04/20/2015 with complaints of low back pain rated as 9/10. The pain radiated down the left leg with constant numbness and tingling. In progress note dated 05/12/2015 the provider documents the injured worker continued to struggle and was very frustrated. Objective findings were documented as positive MRI of lumbar 5/sacral 1 (5mm) disc with compromise of the exiting nerve root bilaterally. The injured worker was requesting medications. The treatment request is for compound medication: Gabapentin 10%, Amitriptyline 5%, Capsaicin 0.025%, 30 gm.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound medication: Gabapentin 10%, Amitriptylin 5%, Capsaicin 0.025%, 30gm:**  
 Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC).

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

**Decision rationale:** The California chronic pain medical treatment guidelines section on topical analgesics states: Recommended as an option as indicated below. 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. The requested medication contains ingredients (gabapentin) which are not indicated per the California MTUS for topical analgesic use. Therefore the request is not medically necessary.