

Case Number:	CM15-0149055		
Date Assigned:	08/12/2015	Date of Injury:	07/30/2012
Decision Date:	09/09/2015	UR Denial Date:	07/20/2015
Priority:	Standard	Application Received:	07/31/2015

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: 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 52-year-old male who sustained an industrial injury on 7-30-2012. He was carrying plywood and he rolled his ankle. He has reported lower back pain and has been diagnosed with lumbosacral sprain strain, left sided sacroiliitis, and left foot numbness and tingling questionable sciatic injury versus sacroiliac irritation versus popliteal injury at the time of local anesthetic injection. Treatment has included medications. On examination, there was focal tenderness on the left side at the sacroiliac joint as well as well superior iliac crest. He had exquisitely tender FABER and Gaenslen test. He had pain with pelvic compression. The treatment plan included topical medication. The treatment request included topical medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound: Gabapentin 10%, Amitriptyline 5%, Capsaicin 0.025%, 150gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 110-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines state that there is little to no research to support the use of many these agents. Specifically, the MTUS guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The MTUS guidelines state that topical gabapentin is not recommended and there is no peer-reviewed literature to support use. The request for Compound: Gabapentin 10%, Amitriptyline 5%, Capsaicin 0.025%, 150gm is not medically necessary and appropriate.