

Case Number:	CM15-0168334		
Date Assigned:	09/09/2015	Date of Injury:	06/07/2013
Decision Date:	10/13/2015	UR Denial Date:	07/27/2015
Priority:	Standard	Application Received:	08/26/2015

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: 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 56 year old female, who sustained an industrial injury on 6-7-2013. The medical records submitted for this review did not include documentation regarding the initial injury or prior treatments to date. Diagnoses include cervical disc protrusion, lumbar disc protrusion, and left hip pain. Currently, she complained of ongoing pain in the neck, low back, and left hip. Pain was rated 7-8 out of 10 VAS and noted to have not changed since previous visits. On 7-13-15, the physical examination documented decreased range of motion in the cervical and lumbar spines and the left hip. The cervical compression tests were positive. The straight leg raise test was positive. The Ober's test caused pain. Current medications included Tramadol ER, Pantoprazole, and medicated creams. The appeal requested authorization for topical compound Gabapentin 10% - Amitriptyline 10% - Bupivacaine in cream base 180 grams #1 and Flurbiprofen 20% -Baclofen 5%- Dexamethasone 2% -Menthol 2% - Camphor 2% - Capsaicin 0.025% in cream base 180grams #1. The Utilization Review dated 7-27-15 denied the request citing California MTUS chronic pain treatment guidelines stating "topical analgesics are largely experimental" and the lack of documentation indicating failure of oral medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound of Gabapentin 10%, Amitriptyline 10%, Bupivacaine in cream base quantity 180gm: Upheld

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

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

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of topical analgesics that contain the requested components, including gabapentin. These guidelines state that topical analgesics 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. 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. Regarding the use of gabapentin as a component of a topical analgesic, these guidelines state the following: Gabapentin: Not recommended. There is no peer-reviewed literature to support use. In summary, these guidelines indicate that gabapentin is not recommended as a component of a topical analgesic. Further, that given its inclusion, the entire compounded cream is not recommended in this case. In summary, a compounded topical analgesic cream containing gabapentin, amitriptyline and bupivacaine, is not recommended.

Compound of Flurbiprofen 20% Baclofen 5%, Dexa 2%, Menthol 2%, Camphor 2%, Capsaicin 0.025% in cream base, quantity 180gm: Upheld

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

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

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of topical analgesics that include the use of baclofen, as a component. These guidelines state that topical analgesics 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. 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. Regarding the use of topical baclofen, the guidelines state the following: Baclofen is not recommended. There is currently one Phase III study of Baclofen-Amitriptyline- Ketamine gel in cancer patients for treatment of chemotherapy-induced peripheral neuropathy. There is no peer-reviewed literature to support the use of topical baclofen. Given that baclofen is not recommended as a topical analgesic, the entire requested compounded cream is not recommended. In summary, the compounded topical analgesic containing flurbiprofen, baclofen, dexamethasone, menthol, camphor and capsaicin, is not medically necessary.