

Case Number:	CM15-0189564		
Date Assigned:	10/01/2015	Date of Injury:	03/04/2013
Decision Date:	11/13/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	09/25/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 45 year old male who sustained an industrial injury on March 04, 2013. A recent primary treating office visit dated September 01, 2015 reported subjective complaint of "constant moderate, stabbing, throbbing low back pain radiating to left leg with numbness, tingling, weakness and cramping." There is also "constant minimal, achy, burning pain radiating to right eye and cheek." He is also with complaint of: "depression, anxiety, and irritability, lack of energy and lack of motivation." The following diagnoses were applied to this visit: lumbar disc protrusion; lumbar stenosis; injury to lumbar nerve root; jaw pain; other insomnia, and depression. There is note of prior requests for specialty consultations regarding right eye and facial pain that were noted unauthorized. The plan of care is with recommendation for: Amitriptyline, Tylenol ES, and recommending compound topical cream. There is note of pending third epidural injection and noted "positive improvement from previous epidural injections." Urine toxicology testing performed on April 21, 2015 reported "prescribed medication not detected." Current medications noted at follow up June 10, 2015 consisted of: MA pap, and Tramadol. At primary follow up dated April 21, 2015 the plan of care noted: Ambien, Tylenol ES and requesting Compound topical cream 180GM. On September 09, 2015 a request was made for topical compound cream 180GM that was noncertified by Utilization Review on September 15, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 10%/Amitriptyline 10%/Bupivacaine 5% in cream base 180gms (30 day supply): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Per MTUS p113 with regard to topical gabapentin: Not recommended. There is no peer-reviewed literature to support use. Note the statement on page 111: Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The MTUS is silent on the use of topical Bupivacaine, however, topical lidocaine is only recommended for neuropathic 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). There is no documentation that the injured worker has failed trial of these first-line therapies. Per the article "Topical Analgesics in the Management of Acute and Chronic Pain" published in Mayo Clinic Proceedings (Vol 88, Issue 2, p 195-205), "Studies in healthy volunteers demonstrated that topical amitriptyline at concentrations of 50 and 100 mmol/L produced a significant analgesic effect ($P < .05$) when compared with placebo and was associated with transient increases in tactile and mechanical nociceptive thresholds." Amitriptyline may be indicated. Regarding the use of multiple medications, MTUS p60 states "Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005) The recent AHRQ review of comparative effectiveness and safety of analgesics for osteoarthritis concluded that each of the analgesics was associated with a unique set of benefits and risks, and no currently available analgesic was identified as offering a clear overall advantage compared with the others." Therefore, it would be optimal to trial each medication individually. As gabapentin is not recommended, the compound is not recommended. The request is not medically necessary.