

<b>Case Number:</b>	CM15-0204933		
<b>Date Assigned:</b>	10/21/2015	<b>Date of Injury:</b>	08/06/2007
<b>Decision Date:</b>	12/03/2015	<b>UR Denial Date:</b>	09/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/19/2015

### 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, Oregon, Washington  
Certification(s)/Specialty: Orthopedic Surgery

### 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 47-year-old male, who sustained an industrial injury on 8-6-2007. The medical records indicate that the injured worker is undergoing treatment for status post right big toe amputation, diabetes, peripheral neuropathy, osteoarthritis in the second, third, fourth, and fifth toes of the right foot, and right foot malunion. According to the progress report dated 9-14-2015, the injured worker presented with complaints of daily right foot pain. The level of pain is not rated. The physical examination of the right foot reveals ongoing pain on the plantar surface of the foot, more along the fourth and fifth digits. Per the 6-8-2015 progress note, the medications are Gabapentin, Fenopropfen, Omeprazole, and Hydrocodone. Treatments to date include medication management, orthotics, and surgical intervention. Work status is not indicated. The original utilization review (9-21-2015) had non-certified a request for topical compound medication (Amitriptyline 10%, Gabapentin 10%, and Bupivacaine 5%).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compounded medication Amitriptyline 10%, Gabapentin 10%, and Bupivacaine 5% cream 210gm:** 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 the CA MTUS regarding topical analgesics, Chronic Pain Medical Treatment Guidelines, Topical analgesics, page 111-112 "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." According to CA MTUS guidelines, the use of topical gabapentin is "not recommended. There is no peer-reviewed literature to support use." In this case, the current request does not meet CA MTUS guidelines and therefore the request is not medically necessary.