

Case Number:	CM15-0030908		
Date Assigned:	02/24/2015	Date of Injury:	04/20/2011
Decision Date:	04/08/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	02/19/2015

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: Texas, 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:

This is a 56 year old male patient, who sustained an industrial injury on 4/20/2011. He sustained the injury due to involved in a motor vehicle accident. The current diagnoses include cervicgia, cervical radiculopathy and brachial neuritis. A progress note from the treating provider dated 2/2/2015, he had complaints of neck pain that radiates to the right arm. The physical examination revealed cervical tenderness, full cervical range of motion and normal strength, sensation and reflexes in the right upper extremity. The current medications list includes cymbalta and compound cream. He has had physical therapy, epidural steroid injection and facet joint blocks for this injury. On 2/4/2015, Utilization Review non-certified the request for a topical compounded cream containing Gabapentin 6%, Amitriptyline 5%, Clonidine 2% and Baclofen 3%, citing MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical compounded cream: Gabapentin, Amitrptyline, Baclofen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Gabapentin is anti convulsant and baclofen is a muscle relaxant Page(s): 111-113.

Decision rationale: Topical compounded cream: Gabapentin, Amitrptyline, Baclofen. The cited Guidelines regarding topical analgesics state, 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. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, anti-depressants). (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. Topical NSAIDs- There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use. Baclofen: Not recommended. There is no peer-reviewed literature to support the use of topical baclofen. Gabapentin: Not recommended. There is no peer-reviewed literature to support use. The cited guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Patient is on cymbalta. Response to cymbalta for pain is not specified in the records provided. Intolerance to oral medication is not specified in the records provided. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Baclofen and gabapentin are not recommended by the cited guidelines for topical use as cited below because of the absence of high grade scientific evidence to support their effectiveness. The medical necessity of Topical compounded cream: Gabapentin, Amitrptyline, Baclofen is not fully established for this patient.