

Case Number:	CM15-0050588		
Date Assigned:	03/24/2015	Date of Injury:	08/13/2014
Decision Date:	05/01/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/17/2015

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: Preventive Medicine, Occupational Medicine

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 35-year-old male with an industrial injury dated August 13, 2014. The injured worker diagnoses include status post- industrial injury with lumbar L5-S1 left paracentral disc extrusion and lumbosacral radiculitis and radiculopathy. Treatment consisted of diagnostic studies, prescribed medications, chiropractic manipulation, physiotherapy and periodic follow up visits. In a progress note dated 02/26/2015, the injured worker reported left sided lower back pain. The treating physician noted all seven motions in the lower back region produced lower back pain. The treating physician prescribed Topical compounded Gabapentin 10%, Amitriptyline 5%, Capsaicin 0.25% cream #30mg now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical compounded Gabapentin 10%, Amitriptyline 5%, Capsaicin 0.25% cream #30mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain, Antiepilepsy drugs (AEDs), Capsaicin Topical, Topical Analgesics Page(s): 13-6, 16-22, 28-9, 111-13.

Decision rationale: Gabapentin-Amitriptyline-Capsaicin Cream is a combination product formulated for topical use. It is made up of gabapentin, an anticonvulsant and analgesic, amitriptyline, an antidepressant, and capsaicin, a topical analgesic. The use of topical agents to control pain is considered an option although it is considered largely experimental, as there is little to no research to support their use. They are primarily recommended for the treatment of neuropathic pain when first line agents such as antidepressants or antiepileptics have failed. Even though the MTUS describes use of gabapentin as an effective medication in controlling neuropathic pain, it does not recommend its use topically. The MTUS does not address the topical use of amitriptyline but notes that when used systemically, amitriptyline use should be considered first line therapy for neuropathic pain. The MTUS recommends the topical use of capsaicin as an option for treating pain in patients intolerant to other treatments. It is important to note the MTUS states, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Since topical use of gabapentin is not recommended, use of this product is not recommended. The request is not medically necessary.