

Case Number:	CM15-0235478		
Date Assigned:	12/10/2015	Date of Injury:	05/07/2013
Decision Date:	01/19/2016	UR Denial Date:	11/20/2015
Priority:	Standard	Application Received:	12/02/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 56 year old female who sustained an industrial-work injury on 5-7-13. The injured worker was diagnosed as having spondylosis with myelopathy, lumbar region. Treatment to date has included medication: (topicals only due to intolerance to oral meds), surgery, and diagnostics. EMG-NCV (electromyography and nerve conduction velocity test) was reported to demonstrate involvement of the extensor digitorum brevis but no ongoing distal neurodiagnostic abnormality. X-rays were reported to demonstrate bone grafts and fusion that is consolidating, two level collapse of the fusion at L4-5, L5-S1 which has not substantially changed. Currently, the injured worker complains of more managed low back pain but left leg pain persisted and weakness. Per the primary physician's progress report (PR-2) on 10-2-15, exam noted right sided upper back trapezial tenderness in the upper and the middle rhomboid as well, neuro status is intact and stable. Current plan of care includes transdermal creams, aquatic pool therapy. The Request for Authorization requested service to include Gabapentin 10% - Amitriptyline 5%-Capsaicin 0.25% 150 gm cream. The Utilization Review on 11-20-15 denied the request for Gabapentin 10%-Amitriptyline 5%-Capsaicin 0.25% 150 gm cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 10%/Amitriptyline 5%/Capsaicin 0.25% 150 gm cream: Upheld

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

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

Decision rationale: The claimant sustained a repetitive motion work injury with date of injury in May 2013 and underwent a lumbar fusion from L4 to the sacrum on 06/23/15. When seen in October 2015 she was having increased upper back pain and had persistent left leg pain. Physical examination findings included right sided trapezius and upper and middle rhomboid tenderness. X-rays were obtained showing a two level collapse of the fusion which was not substantially changed. Pool therapy was recommended and topical compounded cream was prescribed. Oral Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Its use as a topical product is not recommended. Many agents are compounded as monotherapy or in combination for pain control such as opioids antidepressants, glutamate receptor antagonists, alpha-adrenergic receptor agonists, adenosine, cannabinoids, cholinergic receptor agonists, GABA agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor. There is little to no research to support the use of many these agents including amitriptyline. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it would be difficult or impossible to determine whether any derived benefit was due to a particular component. In this case, there are other single component topical treatments with generic availability that could be considered. This medication is not considered medically necessary.