

Case Number:	CM15-0236678		
Date Assigned:	12/14/2015	Date of Injury:	06/29/1998
Decision Date:	01/20/2016	UR Denial Date:	11/06/2015
Priority:	Standard	Application Received:	12/03/2015

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: Physical Medicine & Rehabilitation

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 52 year old woman sustained an industrial injury on 6-29-1998. Diagnoses include lumbar spine radiculopathy. Treatment has included oral and topical medications including Xanax, Percocet, Neurontin, and Duragesic patches. Physician notes dated 9-8-2015 showed complaints of low back pain with left leg pain rated 8 out of 10. The worker is scheduled for transforaminal epidural steroid injection tomorrow. The physical examination shows pain at L3-L5 with positive straight leg raise. Recommendations include transforaminal epidural steroid injection and pain cream (ABCGL). Utilization Review denied a request for compound Gabapentin-Amitriptyline-Baclofen-Clonidine-Lidocaine topical on 11-6-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound: Gabapentin, Amitriptyline, Baclofen, Clonidine, Lidocaine #240 with 5 refills:
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 54 year old patient complains of low back pain, and has been diagnosed with lumbar spondylosis, lumbosacral spondylosis, long-term opioid use, and lumbar nerve root injury, as per progress report dated 11/03/15. The request is for compound: gabapentin, amitriptyline, baclofen, clonidine, lidocaine #240 with 5 refills. There is no RFA for this case, and the patient's date of injury is 06/29/98. Medications, as per progress report dated 10/13/15, included Percocet, Duragesic and Xanax. Diagnoses, as per progress report dated 08/25/15, included lumbar radiculitis, lumbar sprain, and unstable lumbar spine with weakness. The patient is off work, as per progress report dated 10/13/15. MTUS chronic pain guidelines 2009 on page 111 and topical analgesics section, state that "Gabapentin: Not recommended. There is no peer-reviewed literature to support use." The MTUS has the following regarding topical creams (p111, chronic pain section): Lidocaine Indication: Neuropathic pain. Recommended for localized peripheral 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). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The guidelines state that there is no evidence for use of any muscle relaxants such as Baclofen as a topical product. MTUS Guidelines page 111 has the following regarding topical creams, "Topical analgesics are largely experimental and used with few randomized controlled trials to determine efficacy or safety." MTUS states that many agents are compounded for pain control including antidepressants and that there is little to no research to support their use. MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." In this case, the request for the Gabapentin, Amitriptyline, Baclofen, Clonidine, Lidocaine cream is noted in progress report dated 09/08/15. The treater does not explain why this topical formulation was chosen over other medications. It is not clear if this is the first prescription for this cream or if the patient has used it in the past. There is no documentation of efficacy. The treater does not discuss where and how the cream will be applied. Additionally, MTUS specifically states that Gabapentin, Baclofen and anti-depressants, such as Amitriptyline, are not recommended in any topical formulation. MTUS guidelines support the use of Lidocaine only in the form of a patch. Furthermore, the Guidelines state clearly that "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Hence, this request is not medically necessary.