

<b>Case Number:</b>	CM14-0135959		
<b>Date Assigned:</b>	09/03/2014	<b>Date of Injury:</b>	08/11/2011
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	07/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/22/2014

### 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. The expert reviewer is Board Certified in Internal Medicine & Emergency Medicine and is licensed to practice in Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 41 year-old with a date of injury of 08/11/11. A progress report associated with the request for services, dated 07/10/14, identified subjective complaints of pain in the right elbow and right index finger. Objective findings included slightly decreased range of motion of the elbow and normal range of motion of the index finger. Diagnoses included (paraphrased) right medial and lateral epicondylitis and right index trigger finger. Treatment had included oral and topical NSAIDs as well as index finger injections and physical therapy. A Utilization Review determination was rendered on 07/25/14 recommending non-certification of "CMPD lotion Lido Pro 4oz and Gabapentin 600mg #90".

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CMPD lotion LidoPro 4oz:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Salicylate Topicals Page(s): 105;111-113;115. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain: Topical Analgesics; Salicylate Topicals

**Decision rationale:** Lidopro is a compounded agent consisting of menthol, capsaicin (an irritant found in chili peppers), lidocaine (a topical anesthetic) and methyl Salicylate (an anti-inflammatory). The MTUS Chronic Pain Guidelines state that topical analgesics are recommended as an option in specific circumstances. However, they do state that they are "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The Guidelines for Chronic Pain state that capsaicin topical is "Recommended only as an option in patients who have not responded or are intolerant to other treatments." It is noted that there are positive randomized trials with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific low back pain, but it should be considered experimental at very high doses. The Guidelines further note that although capsaicin has moderate to poor efficacy, it may be particularly useful (alone or in combination with other modalities) in patients whose pain has not been controlled successfully with conventional therapy. The Official Disability Guidelines (ODG) state that neither salicylates nor capsaicin has shown efficacy in the treatment of osteoarthritis. Lidocaine as a dermal patch has been used off-label for neuropathic pain. However, the guidelines note that no other form (creams, lotions, gels) are indicated. Further, the Guidelines note that lidocaine showed no superiority over placebo for chronic muscle pain. Also, the FDA has issued warnings about the safety of these agents. Therefore, in this case, there is no demonstrated medical necessity for lidocaine as a cream in the compound. The Chronic Pain Guidelines do recommend topical salicylates as being significantly better than placebo in chronic pain. In osteoarthritis, salicylates are superior to placebo for the first two weeks, with diminishing effect over another two-week period. The Official Disability Guidelines also recommend topical salicylates as an option and note that they are significantly better than placebo in acute and chronic pain. They further note however, that neither salicylates nor capsaicin have shown significant efficacy in the treatment of osteoarthritis. The Guidelines further state: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Therefore, in this case, there is no documentation of the failure of conventional therapy, documented functional improvement, or recommendation for all the ingredients of the compound and therefore the medical necessity of the compounded formulation, Lidopro. The request therefore, is not medically necessary.

**Gabapentin 600mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs Page(s): 16-21,49.

**Decision rationale:** Gabapentin is an anti-seizure agent. The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Guidelines note that this class of agents is recommended for neuropathic pain, but there are few randomized trials directed at central pain and none for painful radiculopathy. Further, it states: "A recent review has indicated that there is insufficient evidence to recommend for or against antiepileptic drugs for axial low back pain." The Guidelines also state that the role for Gabapentin is for: "...treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered first-line treatment for

neuropathic pain." No recommendations are made for specific musculoskeletal etiologies. In this case, there is no documentation for a neuropathic component to the pain. Therefore, the record does not document the medical necessity for Gabapentin in this case. Therefore the request is not medically necessary.