

Case Number:	CM14-0136201		
Date Assigned:	09/10/2014	Date of Injury:	02/12/2007
Decision Date:	10/31/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	08/28/2014

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 Anesthesiologist, has a subspecialty in Pain 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:

The injured worker is a 56-year-old male who reported an injury on 02/12/2007. The mechanism of injury was not provided. The injured worker had diagnoses of lumbago, chronic pain syndrome, and post laminectomy syndrome of lumbar. The past medical treatment included medications. Diagnostic testing was not provided. Surgical history included laminectomy of lumbar spine, the date was not provided. The injured worker complained of increased pain to his back with leg pain, rating pain 4/10 to 5/10 on the pain scale with medications providing about 50% decrease in pain. The injured worker denied any new neurological symptoms. The physical examination revealed mild to moderate tenderness with palpation throughout the lumbosacral spine and paraspinals with paralumbar muscle spasms. The range of motion was decreased throughout the lumbar spine in all planes due to pain. Medications included Lyrica 150 mg, Flexeril 10 mg, Norco 5/325 mg, ibuprofen 800 mg. The treatment plan was for amantadine 8%, gabapentin 6%, bupivacaine 1%, and clonidine 0.2%. The rationale for the request was not submitted. The Request for Authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amantadine 8%, Gabapentin 6%, Bupivacaine 1% and Clonidine 0.2%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Clonidine Page(s): 34, 111-113. Decision based on Non-MTUS Citation FDA.gov

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Topical analgesics, Page(s): page(s) 111-113.

Decision rationale: The request for Amantadine 8%, Gabapentin 6%, Bupivacaine 1% and Clonidine 0.2% is not medically necessary. The injured worker complained of increased pain to his back with leg pain, rating pain 4/10 to 5/10 on the pain scale with medications providing about 50% decrease in pain. The California MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy and safety. The guidelines note topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines do not recommend Gabapentin for topical application as there is no peer-reviewed literature to support use. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines also recommend the use of (Bupivacaine) Lidocaine 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. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. There is a lack of documentation indicating the injured worker has failed trials of antidepressants and anticonvulsants. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines do not recommend Gabapentin and Bupivacaine for topical application as there is no peer reviewed literature to support their use. As the guidelines note any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended, the medication would not be indicated. There is a lack of documentation indicating all primary and secondary treatment options have been exhausted. Additionally, the request does not indicate the dosage, frequency, quantity, and the application site. As such, the request for topical compound cream Amantadine 8%, Gabapentin 6%, Bupivacaine 1% and Clonidine 0.2% is not medically necessary.