

<b>Case Number:</b>	CM14-0099254		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	08/23/2011
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	06/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/27/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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 patient is a 71-year-old who sustained an industrial injury on August 23, 2011, to the left hand/fingers. The hand was caught in machinery, resulting in partial amputation of all four fingers, fractures of the hand/wrist. He has had multiple surgeries to repair traumatic amputations of the fingers of the left hand. He is most recently status post left finger distal phalanx revision osteoplasty with DRBG on July 25, 2013. He complains of continued pain in the left ring finger. He declined any further revision procedures to the fingers. Treatment has recently been transferred to pain management. The May 16, 2014 initial pain management report documents the patient presents with chief complaint of left hand pain, his hand frequently turns purple, especially the fourth and fifth digits. It hurts most when it's cold. He also describes aching of the wrist, limited ROM (range of motion), and unable to make a fist. His hand feels cold and he frequently wears a glove at night to help him sleep. His sleep is otherwise uninterrupted. Medications are Hydrocodone, losartan, and Humira. Physical examination reveals some subjective numbness in the left hand index and middle finger and proximal wrist, tenderness to palpation and with ROM. He has amputations of the tips of the index, middle, and ring fingers, there is digit edema as well as skin modeling, and purplish discoloration, he is unable to fully extend the finger or make a fist. He has good distal pulses at the radial pulse. Reflexes are 2+ and motor strength 5/5. The pharmacy topical pain management form dated 5/16/2014 indicates the patient was prescribed a topical cream containing Amitriptyline 2%, Gabapentin 6%, and Lidocaine HCL 5% 120 grams with 2 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**120 grams of compound cream Amitriptyline 2%/Gabapentin 6%/Lidocaine HCL 5%:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111, 113.

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

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, topical analgesics are an option with specific indications, many agents are compounded as monotherapy or in combination for pain control (including NSAIDs [non-steroidal anti-inflammatory drugs], opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). There is little to no research to support the use of many of these agents. According to Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines state Gabapentin is not recommended for topical formulations. There is no support to use gabapentin in a topical form. The Chronic Pain Medical Treatment Guidelines state only Lidocaine in the formulation of Lidoderm patch may be considered for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI [serotonin-norepinephrine reuptake inhibitor] anti-depressants or an AED [anti-epileptic drug] such as gabapentin or Lyrica). The guidelines state no other commercially approved topical formulations of lidocaine are indicated for neuropathic pain. Only FDA-approved products are currently recommended. The guidelines states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The components of this product are not recommended under the guidelines. Therefore, the request for 120 grams of compound cream Amitriptyline 2%/Gabapentin 6%/Lidocaine HCL 5% is not medically necessary or appropriate.