

Case Number:	CM14-0216720		
Date Assigned:	01/06/2015	Date of Injury:	12/06/2012
Decision Date:	02/28/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/26/2014

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. 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:

The patient is a 55 year old female who sustained a cumulative work related injury to her shoulder, neck, and lumbar area while employed as a caregiver assisting patients in activities of daily living on December 6, 2012 according to the QME report on August 8, 2014. No radiological or operative records were in this review. The patient continues to experience pain in her shoulder and neck. The primary treating physician's progress reports are unclear. Current medications consist of Tramadol and omeprazole. The injured worker has also received acupuncture therapy and had a functional capacity evaluation (FCE) on October 24, 2014. The injured worker's disability status is not clearly documented. The physician requested authorization for Compound medication: Gabapentin 10%, Amitriptyline Hydrochloride powder 10%, Dextromethorphan 10% - Mediderm QTY: 210 On December 2, 2014 the Utilization Review denied certification for Compound medication: Gabapentin 10%, Amitriptyline Hydrochloride powder 10%, Dextromethorphan 10% - Mediderm QTY: 210 Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines, Topical Analgesics and the Official Disability Guidelines (ODG), Compound Drugs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound medication: Gabapentin 10%, Amitriptyline Hydrochloride powder 10%, Dextromethorphan 10% - Mediderm QTY: 210: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Compound drugs

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

Decision rationale: The patient complains of pain in the cervical spine rated at 4/10, thoracic spine rated at 6/10, and lumbar spine rated at 6/10, and bilateral shoulder pain rated at 6/10, as per progress report dated 11/05/14. The request is for COMPOUND MEDICATIONS (GABA 10 PERCENT/ AMI HCL POWDER 10 PERCENT/ DEXTRO 10 PERCENT / MEDIDERM CREAM BASE) # 120. Regarding topical analgesics, MTUS guidelines on page 111, state that Gabapentin: Not recommended. There is no peer-reviewed literature to support use. As for Capsaicin, a component of Medi-Derm cream, MTUS guidelines state that they are recommended only as an option in patients who have not responded or are intolerant to other treatments. 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, most progress reports are handwritten and not very legible. The patient suffers from pain in lumbar, thoracic and cervical spine and bilateral shoulders. A prescription for the compounded cream is noted in progress report dated 11/05/14. However, the treater does not discuss why this topical formulation was chosen over others. There is no discussion about how the cream is being used, where and with what efficacy as well. The compounded cream contains Dextromethorphan, which is a cough suppressant, and Amitriptyline, is a tricyclic antidepressant. There is no documentation that the patient has been diagnosed with depression or chronic cough. Dextromethorphan is not discussed in MTUS for topical application but MTUS specifically states that anti-depressants such as Amitriptyline are not recommended. Gabapentin is also not recommended in any topical formulation. MTUS guidelines recommend against the use of topical formulations with Capsaicin unless other treatments have failed to provide the desired benefits. Additionally, 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.