

<b>Case Number:</b>	CM15-0011588		
<b>Date Assigned:</b>	01/29/2015	<b>Date of Injury:</b>	11/15/2013
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	12/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2015

### 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:

The 45 year old female injured worker suffered an industrial injury on 11/15/2013. The diagnoses were headaches, cervical radiculopathy, cervical sprain/strain, lumbar radiculopathy, lumbar strain/sprain, carpal tunnel syndrome, rotator cuff syndrome, shoulder strain/sprain, insomnia and anxiety. The treatments were home exercise program and medications. The treating provider reported neck pain and headaches radiating to the right upper extremities 8/10 without medications and 5/10 with medications, low back pain radiating to left extremity 8/10 without medications and 5/10 with medications, right arm pain 7/10 without medications 5/10 with medications, shoulder pain, wrist pain, left knee pain and lack of sleep. On the cervical spine, knee, wrist, hand, there was tenderness and decreased range of motion. The Utilization Review Determination on 12/18/2014 non-certified retrospective request for gabapentin compound 240mg #1, citing ODG/MTUS.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin Compound 240mg, #1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): (s) 111, 112-113. Decision based on Non-MTUS Citation Official Disability Guidelines, Compound Drugs

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

**Decision rationale:** The 45 year old patient presents with dull and aching pain in the neck, lumbar spine, right shoulder, right elbow, bilateral hands, bilateral wrists, and left knee along with loss of sleep, as per progress report dated 12/16/14. The request is for GABAPENTIN COMPOUND 240 mg, # 1. There is no RFA for this case, and the patient's date of injury is 11/15/13. The pain in most parts of the body is rated at 8/10 without medications and 5/10 with medications, as per progress report dated 12/16/14. The pain in the left hand is rated at 4-5/10 without medications and 1/10 with medications while pain in the left knee is rated 7/10 with medications. Diagnoses included cervical radiculopathy, cervical sprain/strain, lumbar sprain/strain, right shoulder sprain/strain, right elbow sprain/strain, bilateral wrists sprain/strain, loss of sleep, and other insomnia. Medications, as per the same progress report, included Anaprox, Omeprazole, Tramadol/acetaminophen, cyclobenzaprine, and Gabapentin/Amitriptyline/Bupivacaine and Flurbiprofen/Baclofen/Dexamethasone/camphor/capsaicin. The patient is off work, as per progress report dated 12/16/14. Regarding topical analgesics, MTUS guidelines on page 111, 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. 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, a prescription for Gabapentin/Amitriptyline/Bupivacaine compounded cream is first noted in progress report dated 10/23/14. The compound was prescribed again in progress report dated 12/16/14. The treater does not discuss why this topical formulation was chosen over others. Nonetheless, Gabapentin is also not recommended in any topical formulation. MTUS also states that anti-depressants such as Amitriptyline are not recommended for topical use. MTUS does not discuss Bupivacaine specifically but the guidelines do not recommend any other topical formulation of Lidocaine other than the patch. 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.