

Case Number:	CM15-0115782		
Date Assigned:	06/24/2015	Date of Injury:	04/07/2013
Decision Date:	07/29/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	06/16/2015

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: Pennsylvania
 Certification(s)/Specialty: Internal Medicine

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 43 year old female who sustained an industrial injury on 04/07/2013. She has reported subsequent low back and lower extremity pain and was diagnosed with posterior disc bulge at L4-L5 and L5-S1, neuritis and radiculopathy of the left lower extremity, bilateral hip bursitis and bilateral knee pain. Treatment to date has included medication, transcutaneous electrical nerve stimulation (TENS) unit, physical therapy, massage, application of heat and ice, and epidural steroid injections. In a progress note dated 06/04/2015, the injured worker reported 70-80% improvement of pain from an epidural steroid injection, left trochanteric bursa and hip injection and that pain was down to a level of 2 for 3 weeks. Medications and TENS unit were noted to also help with pain although pain was 7/10 during the visit due to the long drive to the office visit. Objective findings were notable for tenderness to palpation of the spinous processes and paraspinal muscles of the lumbar spine, positive bilateral Kemp's test, positive straight leg raise bilaterally producing low back pain at 40 degrees and pain with Braggard's, Goldthwait, FABER, psoas and Ely testing. The physician noted that the injured worker was to continue using topical GAC cream, however there is no documentation submitted that indicates that this medication had been previously prescribed. A request for authorization of compounded topical GAC 30 mg, Gabapentin/Amitriptyline/Capsaicin, quantity of 1 on date of service 06/04/2015 was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for compounded topical GAC 30mg, Gabapentin, Amitriptyline and Capsaicin, quantity: 1, date of service 6/4/15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anticonvulsants p. 23, Topical Analgesics Page(s): 23, 111-113.

Decision rationale: As per Medical Treatment Utilization Schedule (MTUS) guidelines, topical analgesics are "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." Documentation shows that the injured worker had been taking the oral anti-convulsant medication Gabapentin and there was no indication that this medication was ineffective at relieving symptoms. The submitted documentation shows that injured worker's pain was well controlled with prescribed medications and TENS unit. In addition, as per MTUS, Gabapentin is not recommended in topical form as there is no peer-reviewed literature to support use. Antiepileptic drugs (AEDs) are associated with teratogenicity and should be used with caution in women of childbearing age. There is no evidence that the treating physician has discussed this with this reproductive age female; there was no evidence for informed consent to use a reproductive hazard. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The MTUS and ODG do not address amitriptyline in topical form. As this compound contains gabapentin, which is not recommended in topical form, the compound is not recommended. There were no extenuating circumstances documented to support the use of this medication. Therefore, the request for authorization of compounded topical GAC 30 mg, Gabapentin/Amitriptyline/Capsaicin, quantity of 1 on date of service 06/04/2015 is not medically necessary.