

Case Number:	CM15-0090320		
Date Assigned:	05/14/2015	Date of Injury:	02/07/2014
Decision Date:	06/17/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/11/2015

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 injured worker is a 52-year-old female, who sustained an industrial injury on February 7, 2014, incurring injuries to her neck, back, right shoulder and bilateral hands from cumulative trauma. She was diagnosed with right shoulder impingement syndrome, bilateral carpal tunnel syndrome cervical discopathy and lumbosacral discopathy. Treatment included pain medications, anti-inflammatory drugs, proton pump inhibitor, and topical analgesic creams and work restrictions. Electromyography studies of the hands revealed carpal tunnel disease. Currently, the injured worker complained of constant neck pain, right shoulder pain and bilateral hand pain, tightness, stiffness, weakness, numbness and tingling. The treatment plan that was requested for authorization included a prescription for Gabapentin, Amitriptyline and Bupivacaine topical analgesic.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 10%, Amitriptyline 10%, Bupivacaine 5% DOS: 03/05/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics.

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

Decision rationale: The 52-year-old patient complains of pain in neck, back, right shoulder, and bilateral hands, as per progress report dated 03/06/15. The request is for GABAPENTIN 10% AMITRIPTYLINE 10% BUPIVICAINE 10%. The RFA for the case is dated 03/05/15, and the patient's date of injury is 02/07/14. Diagnoses, as per progress report dated 03/06/15, included cervical spine discopathy, right shoulder impingement, right carpal tunnel syndrome, and lumbosacral spine discopathy. The patient is not working, as per the same progress report. 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). The FDA for neuropathic pain has designated topical lidocaine, in the formulation of a dermal patch (Lidoderm) for orphan status. 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 topical compound is found in progress report dated 03/06/15. The treater states that the formulation will help "minimize pain, avoid side effects of some oral medications, and reduce or avoid the need for narcotic alternative therapies." The treater also believes the medication will "enhance pain relief, help restore function and improve overall ability to better perform activities of daily living." MTUS, however, specifically states that Gabapentin and anti-depressants such as Amitriptyline are not recommended in any topical formulation. MTUS guidelines also recommend against the use of topical formulations with Capsaicin unless other treatments have failed to provide the desired benefits. Additionally, the Guidelines state clearly, "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.