

Case Number:	CM15-0095265		
Date Assigned:	05/21/2015	Date of Injury:	12/20/2013
Decision Date:	06/24/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	05/18/2015

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: Preventive Medicine, Occupational 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 41 year old male, who sustained an industrial injury on 12/20/13. He reported abdominal pain. The injured worker was diagnosed as having an umbilical hernia, ventral hernia, abdominal/pelvic swelling, abdominal pain, and periumbilical abdominal tenderness. Treatment to date has included laparoscopic repair of incarcerated umbilical and epigastric hernias on 2/10/14 and medication. Currently, the injured worker complains of abdominal pain and spasms. The treating physician requested authorization for neuropainic compound cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neuropainic compound cream: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Per the treating physician's prescription, this request is for neuropathic pain cream that is a compounded topical analgesic containing amantadine 8%, baclofen 2%, gabapentin 6%, amitriptyline 3%, nifedipine 2%, tetracaine 2%. The requesting physician indicates that previous requests for Lidoderm were denied. Utilization review rationale indicates that this request was not certified due to no evidence of neuropathic pain. The MTUS Guidelines recommend the use of topical analgesics as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The use of amantadine in the treatment of chronic pain is lacking controlled studies to support its use, and the side effects are considered significant. The MTUS Guidelines state that there is no evidence for use of muscle relaxants, such as baclofen, as a topical product. The MTUS Guidelines do not recommend the use of topical gabapentin as there is no peer-reviewed literature to support use. Amitriptyline is a tricyclic antidepressant that shares some properties of muscle relaxants. The MTUS Guidelines and ODG do not address the use of amitriptyline or other antidepressants as topical agents for pain; however, the MTUS Guidelines specifically reports that there is no evidence to support the use of topical formulations of muscle relaxants. Nifedipine is a calcium channel blocker used for the treatment of hypertension, and topical formulations are used in the treatment of chronic anal fissures and diabetic neuropathy. Tetracaine topical has ophthalmic applications, but is not a medication supported for topical application for neuropathic pain. This request is for a compounded formula of six medications, each of which medical necessity has not been established within the recommendations of the MTUS Guidelines. The request for neuropathic compound cream is determined to not be medically necessary.