

<b>Case Number:</b>	CM13-0024516		
<b>Date Assigned:</b>	11/20/2013	<b>Date of Injury:</b>	10/02/2001
<b>Decision Date:</b>	01/23/2014	<b>UR Denial Date:</b>	08/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice, and is licensed to practice in Texas and California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 63-year-old male who reported a work-related injury on 10/2/01; the specific mechanism of injury was not stated. A clinical note dated 6/25/13 reports the patient was seen by [REDACTED], who documented complaints of problems with activities of daily living. The patient continues to utilize naproxen, Soma, Prilosec, butalbital, Hydrocodone 5/500, and Neurontin. The patient reports since last examination, he has had two episodes of severe dizziness with near blackouts and severe headaches; he presented to the ER due to pain complaints.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**unknown prescription of transdermal compound Baclofen:** 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 Page(s): 111.

**Decision rationale:** The clinical documentation submitted for review reports that the patient has been treated for cervical spine pain and complaints of headaches. The patient utilizes oral Neurontin, and has been prescribed a topical baclofen compound. The California MTUS

indicates that baclofen is not recommended. There is currently one phase 3 study of baclofen, amitriptyline, and Ketamine gel in cancer patients for treatment of chemotherapy-induced peripheral neuropathy, but there is not peer-reviewed literature to support the use of topical baclofen. Given all the above, the request for unknown prescription of transdermal compound baclofen is not medically necessary or appropriate.

**unknown prescription of transdermal compound Neurontin/Lidocaine:** 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 Page(s): 111.

**Decision rationale:** The clinical documentation submitted for review reports that the patient has been treated for cervical spine pain and complaints of headaches. The patient utilizes oral Neurontin, and has been prescribed a topical Neurontin and lidocaine compound. The California MTUS indicates, however, that "Gabapentin is not topically recommended. There is no peer-reviewed literature to support use." Given all the above, the request for an unknown prescription of transdermal compound Neurontin/lidocaine is not medically necessary or appropriate.