MAXIMUS Federal Services

Case Number:	CM14-0006303		
Date Assigned:	03/03/2014	Date of Injury:	06/15/2012
Decision Date:	06/30/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/16/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Maryland. 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/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 year old female with a work injury dated 6/5/12. The diagnoses include lumbago with 40% improved right leg radicular symptoms. There is a request for the medical necessity of Gabapentin/Lidocaine/Prilocaine 10/2/2% in lam cream. There is a 12/4/13 office visit document that states that the patient was experiencing a great deal of back pain, right leg pain and numbness at prior visit. On 11/22/2013, she underwent a right sided L4-5 epidural and a right S1 joint injection. The patient states that she reports 40% relief of her right leg numbness and improved buttocks pain. However, she continues to have unchanged numbness at the most posterior aspect of the thigh and the lateral aspect of the lower leg into the lateral aspect of her foot. She describes the S1 nerve distribution. This has not changed following the L4-5 lumbar epidural. There is a request for a right L4-5 S1 lumbar epidural to further relieve her symptoms. The 10/18/2013 nerve study demonstrated right L5-S1 denervation of muscles consistent with right L5-S1 radiculopathy. The physical examination revealed that on examination of the lumbar spine, with direct palpation to the para lumbar muscles, she has tenderness, with spasms Straight leg raising on the right remains positive. Muscle strength testing to the lower extremities is 5/5 and DTR at L4 and S1 are 2+/2+. Using Semmes Weinstein monofilament test, at the L5distribution, she is unable to feel 3.61 but is able to 4.31. This demonstrates diminished protective sensation. Equivocal Faber test on the right, negative on the left. Part of the treatment plan included a script for a compounded ointment to further relief her back pain that includes flurbiprofen, cyclobenzaprine, gabapentin, lidocaine, prilocaine. The patient will continue with Tylenol pain management.

IMR ISSUES, DECISIONS AND RATIONALES

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

GABAPENTIN/ LIDOCAINE/ PRILOCAINE 10/2/2% IN LAM CREAM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, MUSCLE RELAXANTS, 111-113

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

Decision rationale: Gabapentin/Lidocaine/Prilocaine 10/2/2% in Lam Cream is not medically necessary per the MTUS guidelines. The MTUS Chronic Pain Medical Treatment Guidelines do not recommend lidocaine in cream, lotion or gel form for neuropathic pain. The guidelines state that there is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Gabapentin is not recommended for topical use by the MTUS guidelines. The documentation does not indicate that the patient is unable to take oral medications. The documentation does not indicate that this cream is medically necessary. The request for Gabapentin/Lidocaine/Prilocaine 10/2/2% in Lam Cream is not medically necessary.