

Case Number:	CM14-0006479		
Date Assigned:	02/07/2014	Date of Injury:	01/18/2013
Decision Date:	06/20/2014	UR Denial Date:	12/16/2013
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 & Rehabilitation and Pain Medicine and is licensed to practice in Texas and Ohio. 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 injured worker is a 59-year-old female with a reported date of injury on 01/18/2013. The mechanism of injury was not provided within the information available for review. The injured worker complained of constant pain in the neck and low back pain that radiates to the right lower extremity. The injured worker rated her pain at a level of 6-7/10. According to the documentation dated 10/21/2013, the injured worker's cervical spine range of motion represented flexion to 50 degrees, extension to 60 degrees, left and right rotation to 80 degrees, and right and left lateral flexion to 40 degrees. The injured worker's lumbosacral spine range of motion represented flexion to 60 degrees, extension to 20 degrees, right and left lateral flexion to 10 degrees. The injured worker's diagnoses included cervicalgia, lumbar spine herniated disc, and lumbago. According to the clinical documentation dated 10/21/2013, the injured worker's medication regimen included cyclobenzaprine, tramadol, naproxen and pantoprazole sodium. The request for gabapentin 10%/tramadol 20%/lidocaine 5% in Mediderm base was submitted on 01/16/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

GABAPENTIN 10%/TRAMADOL 20%/LIDOCAINE 5% IN MEDIDERM BASE:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 67-68. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Topical Analgesics Page(s): 111 & 112.

Decision rationale: According to the California MTUS Guidelines topical analgesics are recommended as an option for neuropathic pain with trials of antidepressants and anticonvulsants have failed. The California MTUS Guidelines recommend lidocaine in the form of Lidoderm patches only. Lidoderm is the only commercially-approved topical formulation indicated for neuropathic pain. The guidelines note Gabapentin is not recommended for topical application. The California MTUS Guidelines state that any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. As the guidelines do not recommend the use of Gabapentin for topical application and the only recommended form of topically applied Lidocaine is Lidoder, Gabapentin 10%/tramadol 20%/lidocaine 5% in Mediderm base does not meet the recommended guidelines. Therefore, the request for gabapentin 10%/tramadol 20%/lidocaine 5% in mediderm base is not medically necessary and appropriate.