MAXIMUS Federal Services

Case Number:	CM14-0103290		
Date Assigned:	07/30/2014	Date of Injury:	09/03/2010
Decision Date:	10/08/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	07/03/2014

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 Anesthesiology and Pain Medicine, and is licensed to practice in Florida. 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 57 year old female who reported an injury on 09/03/2010. The mechanism of injury was not indicated in the clinical notes. Her diagnoses included a disco genic lumbar condition with L4-L5 disc protrusion, L5 radiculopathy, insomnia, and depression. Her past treatment consisted of transcutaneous electrical nerve stimulation, aqua therapy and medications. The injured worker's diagnostic exams included an MRI of the lumbar spine on 2011 and an electromyography study performed in 2011 that revealed L5 radiculopathy. Her surgical history was not indicated in the clinical notes. On 05/02/2014, she complained of low back pain that radiated into her back and rated 8/10 on the pain scale with difficulty sleeping secondary to pain. She also reported numbness and tingling to her left lower extremity as well as the left foot. The injured worker conveyed that her pain increased when she was sitting, standing, or walking for extended periods of time. The physical exam revealed lumbar flexion was 15 degrees and extension was 35 degrees. Her medications comprised of Norco, Tramadol, Flexeril, and Gabapentin. The treatment plan encompassed the use of a topical compound consisting of Gabapentin 7%, Ketoprofen 10%, and Lidocaine 10%. The treatment plan also consisted of the use of Diclofenac 100mg #30, Neurontin 600mg #90, a motorized scooter and the continuation of her pervious medications. The rationale for the request was not indicated in the clinical notes. The Request for Authorization form was signed and submitted on 05/04/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical Compound Gabapentin 7%, Ketoprofen 10%, Lidocaine 5%: 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): , page(s) 111-113.

Decision rationale: The request for topical compound Gabapentin 7%, Ketoprofen 10%, and Lidocaine 5% is not medically necessary. The California/MTUS guidelines state that topical analgesics are largely experimental in use with few randomized controlled trails to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. 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. As for Gabapentin, the guidelines do not recommended because there is no peer-reviewed literature to support its use as a topical analgesic. In regard to the use of topical NSAIDs, the guidelines state that this treatment may be recommended for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment; however, there is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Topical lidocaine, in the formulation of a dermal patch has been designated for orphan status by the FDA for neuropathic pain. No other commercially approved topical formulations of lidocaine; whether creams, lotions or gels, are indicated for neuropathic pain. The clinical documentation indicated that the injured worker complained of numbness and tingling of the left lower extremity which was corroborated by electromyography studies. An electromyography assessment in 2011 revealed L5 radiculopathy. However, the clinical documentation failed to indicate if the injured worker tried and failed a regimen of antidepressants and anticonvulsants to alleviate her neuropathic pain. Based on the clinical notes she still remains on Gabapentin, which is used for neuropathic pain. Also, the guidelines recommend the use of NSAID's for the indication of osteoarthritis and tendinitis, but the injured worker's diagnoses are indicative of neuropathic etiology and involve the spine. These findings are not supported by the guidelines for the use of NSAID's as a topical analgesic. Additionally, the use of Gabapentin is not supported due to lack of clinical based evidence to support its use as a topical analgesic. Therefore, due to lack of supportive documentation indicating that the injured worker failed trials of antidepressants and anticonvulsants, lack of documentation indicating a diagnosis of osteoarthritis, and lack of support to use Gabapentin or Lidocaine in a topical cream form the request is not supported. As the requested compound topical medication contains one or more ingredients that are not recommended, the compound is also not recommended. Consequently, the request for topical compound Gabapentin 7%, Ketoprofen 10%, and Lidocaine 5% is not medically necessary.

Diclofenac 100mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Anti inflammatory Medication Therapy - Diclofenac.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines NSAIDs Page(s): 67-68.

Decision rationale: The request for Diclofenac 100mg #30 is not medically necessary. The California guidelines recommend non-steroidal anti-inflammatory drugs as an option for neuropathic pain. There is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis with neuropathic pain. Besides the above well-documented side effects of NSAIDs, there are other less well known effects of NSAIDs, and the use of NSAIDs has been shown to possibly delay and hamper healing in all the soft tissues, including muscles, ligaments, tendons, and cartilage. The clinical notes indicate that the injured worker had an etiology of neuropathic pain with regards to her lower back pain and numbness and tingling of her lower extremities. The guidelines recommend NSAID's for the indication of neuropathic pain. However, the clinical notes indicate that the injured worker has been taking Diclofenac since 12/31/2013, which contradicts the guidelines statement that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain. Also, the clinical notes indicate that the injured worker was prescribed Norco 10/325 and Flexeril, which have a greater efficacy of pain relief. Therefore, based on the guidelines account that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain and the current use of Norco and Flexeril the request is not supported. Hence, the request for Diclofenac 100mg #30 is not medically necessary.

Neurontin 600mg #90: 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 Guidelines Antiepilepsy drugs Page(s): 16-19.

Decision rationale: The request for Neurontin 600mg #90 is not medically necessary. The California Guidelines recommend Neurontin for the indication of diabetic neuropathy, post herpetic neuralgia, and first line treatment for neuropathic pain. For lumbar spinal stenosis which is the cause of her lumbar radiculopathy, the guidelines recommend the use of Neurontin as a trial, where there is quantitative documentation indicating objective improvement in walking, pain with movement, and sensory function. The clinical notes indicate that the injured worker has been prescribed Neurontin since 12/2013 with no significant objective improvements in function or sensory sensation. The long term use of Neurontin with no significant improvements of function is not supported by the guidelines. Additionally, the request did not include a frequency of use. Therefore, the request for Neurontin 600mg #90 is not medically necessary.