

Case Number:	CM14-0104642		
Date Assigned:	07/30/2014	Date of Injury:	01/17/2012
Decision Date:	09/24/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/07/2014

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 Occupational Medicine and is licensed to practice in 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 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 46-year-old male who has submitted a claim for rotator cuff (capsule) sprain associated with an industrial injury date of January 17, 2012. Medical records from 2014 were reviewed, which showed that the patient complained of non-radiating left shoulder pain rated as mild to moderate associated with numbness and tingling sensation. Examination of the left shoulder revealed tenderness of the left acromioclavicular joint and left deltoid and a limited range of motion. Treatment to date has included medications, physical therapy and acupuncture. Utilization review from July 1, 2014 denied the request for 240 gm. Gabapentin 10% Lidocaine 5% Tramadol 15% because there is no high-grade clinical evidence to support the effectiveness of topical gabapentin and topical tramadol for the patient's diagnosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

240 GM GABAPENTIN 10% LIDOCAINE 5% TRAMADOL 15%: 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): 111-113.

Decision rationale: As noted on pages 111-113 in the CA MTUS Chronic Pain Medical Treatment Guidelines, topical Gabapentin is not recommended and has no peer-reviewed literature to support its use. Topical formulations of Lidocaine and Prilocaine (whether creams, lotions or gels) are not indicated for neuropathic or non-neuropathic pain complaints. Guidelines also state that no other commercially approved topical formulations of Lidocaine, other than Lidocaine dermal patch (Lidoderm), are indicated for neuropathic pain. The topical formulation of Tramadol does not show consistent efficacy. In this case, compounded products were prescribed for relief of pain. However, there is no discussion concerning the need for three different topical medications. In addition, certain components of this compound, i.e., Gabapentin, Lidocaine and Tramadol, are not recommended for topical use. The guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the request for Gabapentin 10%, Lidocaine 5%, Tramadol 15%, 240 grams is not medically necessary.