

<b>Case Number:</b>	CM14-0111499		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	10/11/2013
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	07/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2014

### 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, has a subspecialty in Pain Management; and is licensed to practice in Tennessee. 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 54-year-old male who has submitted a claim for cervical spine strain/sprain, bilateral shoulder impingement syndrome, bilateral carpal tunnel syndrome, lumbar spine and strain, lower extremity radiculitis, right knee internal derangement and left knee strain/sprain associated with an industrial injury date of 10/11/2013. Medical records from 6/11/2014 were reviewed showing intermittent upper back pain 6/10 in severity. There is no radiation of pain, numbness, or tingling sensation. He also complains of constant right shoulder pain 7/10 in severity. He complains of constant bilateral hand pain, 6/10 in severity with radiations to his bilateral wrists characterized as numbness and tingling. He has constant low back pain, 8/10, characterized as numb and tingling. He has intermittent right knee pain, 4/10, characterized as weakness and shooting. Physical examination revealed tenderness over the paraspinal and quadratus lumborum muscles bilaterally. He has positive SLR with decreased sensation over bilateral L5 and S1 dermatomes. He has tenderness over the upper trapezius muscles and rhomboids bilaterally as well as over the rotator cuff and bicipital groove on the right. He has tenderness over the bilateral carpal bones and medial and lateral knees bilaterally. Positive McMurray's and Drawer signs on the right. Treatment to date has included transdermal medications, chiropractic treatment, sleep study, and a lumbar spine brace. Utilization review from 7/10/2014 denied the request for Gabapentin 10%, Lidocaine 5%, Tramadol 15% 180 GM. Gabapentin is not recommended as a topical analgesic. There is also no documentation of the patient's intolerance of these or similar medications to be taken on an oral basis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 10%, Lidocaine 5%, Tramadol 15% 180 GM.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): Pages: 111-113.

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

**Decision rationale:** Pages 111-113 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many these agents. Gabapentin and Tramadol are not recommended as topical analgesics. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. In this case, the patient has been using this medication since at least 6/11/2014. The patient complains of diffuse pain with radiation characterized as numbness and tingling sensation. However, this compound contains gabapentin, tramadol, and lidocaine which are all not recommended as topical analgesic. Lidocaine is recommended for neuropathy as dermal patch only. Therefore the request for Gabapentin 10%, Lidocaine 5%, and Tramadol 15% 180 GM is not medically necessary.