

Case Number:	CM14-0127966		
Date Assigned:	08/15/2014	Date of Injury:	05/22/2013
Decision Date:	10/03/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/11/2014

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 Family 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:

This is a 58-year-old male with a 5/22/13 date of injury. The mechanism of injury was not provided. According to a progress report dated 5/28/14, the patient complained of right shoulder pain and low back pain. The back pain radiated to the right groin with occasional numbness and tingling sensation in the right thigh. Medications, acupuncture, and shockwave therapy help significantly decrease his pain. Objective findings: tenderness to palpation with spasms of paraspinal muscles and tenderness to palpation of right sacroiliac, limited lumbar spine ROM, tenderness to palpation with spasms of the right upper trapezius muscle, limited ROM of right shoulder. Diagnostic impression: lumbar spine sprain/strain with radiculopathy, lumbar spine disc desiccation, right shoulder sprain/strain, right shoulder impingement and osteoarthritis, myospasms, gastritis. Treatment to date: medication management, activity modification, shockwave therapy, physical therapy, acupuncture. A UR decision dated 7/31/14 denied the request for Gabapentin 10% Lidocaine 5% Tramadol 15%. A specific rationale for denial was not provided.

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%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 25, 28, 111-113.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, Boswellia Serrata Resin, and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Guidelines do not support the use of gabapentin, lidocaine, or tramadol in a topical formulation. A specific rationale specifying why this medication would be required in this patient despite lack of guideline support was not provided. Therefore, the request for Gabapentin 10% Lidocaine 5% Tramadol 15% was not medically necessary.