

Case Number:	CM14-0136895		
Date Assigned:	09/03/2014	Date of Injury:	07/13/2005
Decision Date:	11/06/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/25/2014

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 and Rehabilitation, has a subspecialty in 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 52-year-old female who reported an injury on 07/13/2005. The mechanism of injury occurred due to a fall. The injured worker's diagnoses included lumbar degenerative disc disease, lumbar radiculopathy, and lumbar spondylosis. The injured worker's past treatments included surgery, medications, and the use of urine drug screens. The injured worker's diagnostic exams included an x-ray, an MRI of the lumbar spine, and an MRI of the left knee. The injured worker's surgical history included a left knee arthroscopy and debridement on an unknown date. On 07/22/2014, the injured worker complained of low back pain and she rated this pain as 9/10 on the pain scale. She indicated that the pain was sharp and radiated into her bilateral lower extremities. She reported numbness that was aggravated by cold weather, and bending. Her pain would be so severe that she was not able to perform physical activities. She did indicate that the medications have increased her functional abilities and allowed her to do more things throughout the day. The physical exam revealed decreased lumbar spine with rotation of motion and a bilateral straight leg raise, which presented with numbness and decreased sensation. The injured worker's medications included Morphine 15 mg, Ambien 10 mg, Soma 350 mg, Norco 10/325 mg, naproxen 550 mg, and Omeprazole 20 mg. The treatment plan consisted of the use of a urine drug screen and the renewal of her medications including topical creams and patches. A request was received for Gabapentin 10%, lidocaine 2% w/alo vera 0.5%, emu oil 30%, capsaicin 0.025%, menthol 10%, camphor 5% gel: 120gm. The rationale for the request was not clearly indicated. The Request for Authorization form was signed and submitted on 07/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 10%, lidocaine 2% w/aloe vera 0.5%, emu oil 30%, capsaicin 0.025%, menthol 10%, camphor 5% gel: 120gm: 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: The California/MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials 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. In regard to Gabapentin, the guidelines do not recommend because there is no peer-reviewed literature to support its use as a topical analgesic. In regard to Lidocaine, the guidelines do not state that no commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Topical lidocaine, in the formulation of a dermal patch has been designated for orphan status by the FDA for neuropathic pain. In regard to Capsaicin, the guidelines recommend its use only as an option in patients who have not responded or are intolerant to other treatments. Based on the clinical notes, the injured worker complained of low back pain that radiated into her bilateral lower extremities. This pain was associated with numbness of the feet as well. Her diagnoses included lumbar degenerative disc disease and lumbar radiculopathy. Her diagnosis of radiculopathy would be supported for the use of topical analgesics. However, the clinical notes failed to indicate if the injured worker failed a trial of antidepressants and anticonvulsants to alleviate her pain. Also, the use of Gabapentin as a topical formulation is not supported, as the guidelines do not recommend its use in a topical formulation. The use of Lidocaine would also not be supported, as the guidelines do not support the use of lidocaine unless it is in a dermal patch form. The use of Capsaicin would not be supported, as the clinical documentation does not indicate that she was intolerant of other treatments. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Additionally, the request as submitted did not specify a frequency of use or site of application. Therefore, due to lack of support from the guidelines for the use of Gabapentin, Capsaicin, and Lidocaine in a topical formulation, the request is not supported. Thus, the request for Gabapentin 10%, lidocaine 2% w/aloe vera 0.5%, emu oil 30%, capsaicin 0.025%, menthol 10%, camphor 5% gel: 120gm is not medically necessary.