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| Case Number: | CM14-0159791 | | |
| Date Assigned: | 10/03/2014 | Date of Injury: | 02/01/2010 |
| Decision Date: | 12/15/2014 | UR Denial Date: | 09/18/2014 |
| Priority: | Standard | Application Received: | 09/29/2014 |

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 and is licensed to practice in New York. 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 32-year-old female with a reported date of injury on 02/02/2010. The mechanism of injury was reportedly caused by repetitive use. Her diagnoses included status post C4 to C7 hybrid cervical reconstruction, severe lumbar discopathy, status post bilateral carpal tunnel release, left shoulder tendinitis with impingement syndrome, right shoulder impingement syndrome with possible partial tear of the supraspinatus tendon, bilateral knee medial meniscus tear, and hip internal derangement. Medications were not provided within the documentation. An MRI of the cervical spine was noted to reveal significant abnormalities. Electrodiagnostic studies of the upper extremities were also performed that revealed abnormalities, the official results of which were not provided. Other treatments were noted to include physical therapy, epidural steroid injections, activity modification, and facet joint injections. The clinical note dated 02/25/2014 indicates the injured worker presented with residual symptomatology in the cervical spine. The physical exam of the cervical spine revealed paravertebral muscle spasms with some occipital headaches. There was no neurological deficit in the upper extremities from the cervical spine. The examination of the bilateral shoulders remained unchanged. There was tenderness at the subacromial space and acromioclavicular joint with a positive Hawkins and impingement sign. The physical exam of the bilateral wrists revealed some tingling and numbness in the ulnar aspect of the long, ring, and small fingers on the right. The lumbar spine evaluation revealed tenderness from the mid to distal lumbar segments with spasms. There was pain with terminal motion and dysesthesia at the right L5 and S1 dermatomes. The bilateral hips revealed tenderness at the anterolateral aspect, right side greater than left. There was pain with hip rotation and positive fabere's sign. The treatment plan included no further appointments have been scheduled for the injured worker. The injured worker is to follow up with the physician on an as needed basis. The Request for Authorization for Gabapentin/Capsaocon (Patch)-10%

0.025% Gel #120 and Gab/Lib/Alle/Cap/Men/Cam (Patch) -10%/2%/0.25%/10%/5% #120 x 1 refill was submitted on 09/26/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin/Capsaocon (Patch)-10% 0.025% Gel # 120: 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): 112-113.

Decision rationale: The request is not medically necessary. The California MTUS Guidelines state that gabapentin is not recommended as a topical analgesic. Capsaicin is only recommended as an option in injured workers who have not responded or are intolerant to other treatments. In addition, the guidelines state that any compounded product that contains at least 1 drug (or drug class) that is not recommended, is not recommended. The clinical information lacks documentation related to the therapeutic and functional benefit of ongoing use of the requested patches. In addition, the guidelines do not recommend gabapentin as a topical analgesic. Therefore, the request for Gabapentin/Capsaocon (Patch)-10% 0.025% Gel # 120 is not medically necessary.

GAB/LID/ALOE/CAP/MEN/CAM (Patch-10%2%0.25%10%5% #120 x 1 refill: 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): 112-113.

Decision rationale: The request is not medically necessary. The California MTUS Guidelines state that gabapentin is not recommended as a topical analgesic. Lidocaine is recommended for localized peripheral pain after there has been evidence of first line therapy. Topical lidocaine in the formulation of a dermal patch called Lidoderm has been designated for orphan status by the FDA for neuropathic pain. The guidelines recommend Capsaicin as an option in injured workers who have not responded or are intolerant to other treatments. In addition, the guidelines state that any compounded product that contains at least 1 drug (1 drug class) that is not recommended, is not recommended. The clinical information provided for review lacks documentation related to the therapeutic and functional benefit of the ongoing use of the topical patches being requested. In addition, the guidelines do not recommend topical gabapentin or topical lidocaine other than Lidoderm. Therefore, the request for GAB/LID/ALOE/CAP/MEN/CAM (Patch-10%2%0.25%10%5% #120 x 1 refill is not medically necessary.

