

<b>Case Number:</b>	CM14-0028140		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	07/12/2005
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	02/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2014

### 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 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 injured worker is a 63-year-old male who reported an injury on 07/12/2005. The mechanism of injury was not provided for clinical review. The diagnoses included resolved right lateral epicondylitis, clinical depression, status post radiotherapy and chemotherapy treatment for pharyngeal adenocarcinoma, status post trapezial excision and flexor carpi, status post left carpal tunnel release for left carpal tunnel syndrome, status post left wrist diagnostic arthroscopy with debridement. Previous treatments include medication and surgery. Within the clinical note dated 11/04/2013, it was reported the injured worker complained of wrist popping, which he finds to be painful. He reported his symptoms are bilateral, left slightly greater than right. Upon physical examination of the right wrist and hand, the provider noted the range of motion revealed dorsi over volar flexion of +50/35. Upon examination of the left wrist, the provider noted a positive Watson's test, as well as tenderness to palpation over the proximal carpal. The provider requested Lidocaine/Gabapentin gel. However, a rationale was not provided for clinical review. The Request for Authorization is not provided for clinical review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidocaine/Gabapentin 10/10% With 3 Refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs  
Page(s): 111-112.

**Decision rationale:** The request for Lidocaine/Gabapentin 10/10% with 3 refills is not medically necessary. The California MTUS Guidelines note topical NSAIDs are recommended for the use of osteoarthritis and tendinitis, in particular, that of the knee and/or elbow and other joints that are amenable. Topical NSAIDs are recommended for short-term use of 4 to 12 weeks. Topical Lidocaine is recommended for neuropathic pain and localized peripheral pain after there has been evidence of a trial of first line therapy. Topical Lidocaine in the formulation of Lidoderm has been designated for orphan status by the FDA for neuropathic pain. Gabapentin is not recommended for topical use. There is lack of documentation indicating the efficacy of the medication as evidence by significant functional improvement. The request submitted failed to provide the frequency of the medication. The request submitted failed to provide the treatment site. Therefore, the request is not medically necessary.