MAXIMUS Federal Services

Case Number:	CM14-0035336		
Date Assigned:	06/23/2014	Date of Injury:	06/13/2012
Decision Date:	08/22/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	03/21/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California and Washington. 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 57-year-old female who reported an injury on 06/13/2012 due to an unspecified mechanism of injury. A physical examination performed on 01/09/2014 revealed paralumbar spasm to +2 and tenderness to palpation bilaterally; atrophy was present in the quadriceps. On forward flexion, the injured worker was able to reach the knees; lateral bending to the right was 0 to 10 degrees and to the left was 20 to 30 degrees with pain. Extension measured 0 to 10 degrees with resisted right rotation and left rotation diminished. Straight leg raise was positive at 40 degrees bilaterally, range of motion to the spine was limited secondary to pain, decreased sensation was noted on the right and left feet with absent deep tendon reflexes of the knees, and motor strength in the lower extremities measured 5/5. On 02/12/2014, the injured worker reported residual symptomatology in the lumbar spine, related to retained symptomatic lumbar spine hardware. A physical examination of the lumbar spine was noted to be unchanged. It was noted that the injured worker had completed an x-ray, a magnetic resonance imaging (MRI) and an electromyography/nerve conduction study (EMG/NCS) studies. Surgical history included status post an L4-S1 posterior lumbar interbody fusion performed on an unspecified date. Her diagnoses were listed as status post L4-S1 posterior lumbar interbody fusion and retained symptomatic lumbar spine hardware. It was stated that the injured worker was taking multiple medications; however, these medications were not listed. Past therapies included surgery and medications. The treatment plan was for 6% of 0.2 gabapentin/lidocaine/aloe/cap/menthol/cam patch 10%/2%/5%/0.025%/10%/5% gel and lidocaine/hyaluronic patch. The Request for Authorization form and rationale for treatment were not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine/ Hyaluronic (Patch): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-114.

Decision rationale: The decision for lidocaine/hyaluronic patch is not medically necessary. On 01/09/2014, the injured worker reported numbness in both legs and the bilateral feet after prolonged sitting with paresthesias and weakness. She had decreased range of motion, a positive straight leg raise bilaterally, decreased sensation of the right and left feet and 5/5 motor strength bilaterally. The California MTUS Guidelines state that topical analgesics are largely experimental in use, with few randomized controlled trials to determine efficacy or safety. Many agents are compounded as monotherapy or in combination for pain control. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy. It is not recommended for non-neuropathic pain. The injured worker did appear to have symptoms of neuropathic pain with decreased sensation and numbness and tingling. However, there is documented evidence of the injured worker trying the first-line therapy options. In addition, the requesting physician did not state the frequency of intended use of the medication within the request. The documentation provided is lacking evidence of a trial of first-line therapies and the frequency and intended site for use of the medication. Given the above, the request is not medically necessary.

6% 0.2 (Gabapentin/ Lidocaine/ Aloe/ Cap/ Menthol/ Cam Patch/ 10%, 2%, 5%, .025%, 10%, 5% gel): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-114. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Compound Drugs.

Decision rationale: The request for 6% of 0.2 gabapentin/lidocaine/aloe/cap/menthol/cam patch 10%/2%/5%/0.025%/10%/5% gel is not medically necessary. On 01/09/2014, the injured worker reported numbness in both legs and the bilateral feet after prolonged sitting, associated with paresthesia and weakness. She was also noted to have a positive straight leg raise, 5/5 muscle strength, decreased sensation on the right and left feet and 2+ spasm at the paralumbar and tenderness to palpation bilaterally. The California MTUS Guidelines state that topical analgesics are largely experimental in use, with few randomized controlled trials to determine efficacy or safety. Many agents are compounded as monotherapy or in combination for pain control. Any

compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical gabapentin is not recommended, as there is no peer-reviewed literature to support its use. The medication being requested contains topical gabapentin; and therefore, it would not be supported. In addition, the requesting physician did not state the intended site for the medication or the frequency of the medication within the request. Furthermore, the rationale for the use of this medication is unclear, as it was stated that the injured worker was already taking multiple medications to address her pain symptoms. The request is not supported by the guideline recommendations, as topical gabapentin is not recommended, and there is a lack of documentation regarding a rationale, and frequency/intended use of the medication. Given the above, the request is not medically necessary.