

Case Number:	CM14-0037711		
Date Assigned:	06/25/2014	Date of Injury:	05/08/2009
Decision Date:	08/14/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	03/28/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 injured on 05/08/09 due to undisclosed mechanism of injury. The current diagnoses included cervical radiculopathy. The clinical note dated 01/09/14 indicated the injured worker presented complaining of cervical spine pain with decreased sensation and tingling in upper extremities. The injured worker reported improvement in status post series of cervical epidural injections approximately one month prior to evaluation. The physical examination revealed decreased spasm and tenderness observed in the paravertebral muscles of the cervical spine, increased range of motion on flexion/extension, and increased sensation in C6 and C7 dermatomal distributions bilaterally. The medications included proton pump inhibitors, non-steroidal anti-inflammatory drugs, tramadol, Norco 5 mg twice a day and Norflex. Recommendation for physical therapy, acupuncture, aqua therapy, durable medical equipment and continuation of medications to increase range of motion and functional capacity provided. The initial request for lido 60%/gaba 10%/keto 10% #120, 30 day supply with no refills was non-certified on 03/19/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lido 6% / Gaba 10% / Keto 10% Quantity 120, 30 day supply, No 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 Topical Analgesics Page(s): 111.

Decision rationale: The safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no indication in the documentation that these types of medications have been trialed and/or failed. Furthermore the guidelines require that all components of a compounded topical medication be approved for transdermal use. This compound contains gabapentin which have not been approved for transdermal use. In addition, there is no evidence within the medical records submitted that substantiates the necessity of a transdermal versus oral route of administration. Therefore Lido 6%/gaba 10%/keto 10% Qty 120, 30 day supply, No refills cannot be recommended as medically necessary as it does not meet established and accepted medical guidelines.