

Case Number:	CM14-0042484		
Date Assigned:	07/07/2014	Date of Injury:	05/08/2009
Decision Date:	08/15/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	04/08/2014

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 Family Practice 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:

43 yr. old female claimant sustained a cumulative work injury from 8/14/09-5/8/09 involving the right arm, right wrist and low back. She was diagnosed with carpal tunnel syndrome, ulnar nerve compression and lumbar disc dessication /foraminal narrowing and right sided L5 radiculopathy. A progress note on 1/22/14 indicated the claimant has 7/10 pain. Exam findings were notable for reduced range of motion of the lumbar spine, which was a limited due to pain. The treating physician provided Theramine tablets and topical Medrox patches for pain relief. In February 2014, the treating physician requested topical Gabapentin 10%, Lidocaine 5%, Tramadol 15% for pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound Drug Gabapentin 10%, Lidocaine 5%, Tramadol 15%: 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): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety.

Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical Gabapentin is not recommended. There is no peer-reviewed literature to support use. Since the compounded drug contains gabapentin, the use of the topical medication in question above is not medically necessary.