

Case Number:	CM14-0046944		
Date Assigned:	07/02/2014	Date of Injury:	02/09/2011
Decision Date:	08/29/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	04/15/2014

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 Texas and Oklahoma. 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 51-year-old male who reported an injury on 02/09/2011 after lifting a heavy object. The injured worker reportedly sustained an injury to his low back. The injured worker's treatment history included physical therapy, activity modifications, a knee brace, and multiple medications and lumbar fusion. The most recent evaluation submitted for this review was dated 01/27/2014. It was noted that the injured worker was taking approximately 6 to 7 Norco tablets and 4 Flexeril tablets per day. It was reported that the injured worker's low back pain was rated at a 6/10 to 7/10. Objective findings included decreased sensation in the L4 dermatomal distribution and 4+/5 motor strength in the left lower extremity with a positive left-sided straight leg raising test. The injured worker's diagnoses on that day included status post posterior lumbar interbody fusion at the L4-5, lumbar radiculopathy, and claustrophobia. The injured worker's treatment plan included continued medications, 1 tube of gabapentin cream, and continuation of a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective review for Gabapentin 10% transderm gel 30 GM (DOS 02/05/2014): 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 retrospective review for gabapentin 10% transdermal gel 30 grams for date of service 02/05/2014 is not medically necessary or appropriate. The clinical documentation did not include any medical evaluation from the requested date of service of 02/05/2014. Additionally, California MTUS does not support the use of anticonvulsants in a topical formulation as there is little scientific evidence or data to support the efficacy and safety of this type of medication in a topical formulation. As such, the retrospective review of gabapentin 10% transdermal gel 30 grams from date of service 02/05/2014 is not medically necessary or appropriate.

Retrospective review for PCCA Anhydrous Lipoderma cream 19.8 GM (DOS 02/05/2014): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Retrospective review for Poloxamer 407 Powder 3 GM (DOS 02/05/2014): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Retrospective review for Lecithin Soya Granular 4.2 GM (DOS 02/05/2014): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Retrospective dispensing and compounding fees for compound 30 GMs total (DOS 02/05/2014): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.