

Case Number:	CM14-0050069		
Date Assigned:	07/07/2014	Date of Injury:	05/11/2010
Decision Date:	09/03/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/17/2014

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 Management 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 55 year old female that reported an injury on 05/11/2010 from tripping over a box and falling on her knees and hands. The injured worker had a history of knee and wrist pain. The injured worker has a diagnosis of persistent systematic left shoulder impingement syndrome, distal clavicle arthrosis with partial rotator cuff tear, persistent systematic bilateral knee medial meniscal tear and chondromalacia. The MR dated 01/15/2013 of the right knee revealed deep soft tissue varicosities, abnormalities of the posterior horn of the medial meniscus and tendinitis of the quadriceps ligament. The MRI of the left shoulder dated 02/24/2011 revealed impingement to supraspinatus tendon. The clinical note dated 02/12/2014 revealed a well healed incision to the knee with motor and sensation intact, no calf tenderness, negative Homans sign. The motor strength to the bilateral lower extremities revealed a motor strength of the quadriceps to the left as a 4/5 and right as a 4/5. The physical examination of the left shoulder revealed forward flexion of 150 degrees and abduction of 150 degrees. The motor examination of the left shoulder revealed motor strength of 5/5 and normal sensory. The medications included Gabapentin, Lidocaine, and Tramadol. The Request for Authorization dated 02/04/2014 was submitted within the documentation. The rationale for the Gabapentin 10%, Lidocaine 5%, and Tramadol 15% was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 10%, Lidocaine 5%, Tramadol 15% 240gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The California MTUS states that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety; also, that they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control; however, there is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended, therefore, is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. California MTUS guidelines indicate that topical Lidocaine (Lidoderm) may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. No other commercially approved topical formulations of Lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Gabapentin is not recommended. There is no peer-reviewed literature to support use. Per the guidelines if one compound is not recommended then the topical analgesic is not recommended. The request did not address frequency, dosage or duration. As such, the request is not medically necessary.