

Case Number:	CM14-0059210		
Date Assigned:	06/20/2014	Date of Injury:	10/15/2013
Decision Date:	07/21/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/11/2014

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 Occupational Medicine, 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:

The claimant was injured on October 15, 2013. His transdermal medications are under review. He was involved in a motor vehicle accident and injured his low back. On October 15, 2014 he complained of 10/10 pain but it was now 7/10. X-rays were normal. He was diagnosed with a muscle spasm. He was prescribed etodolac, cyclobenzaprine, and Polar Frost topical. He saw [REDACTED]. On October 25, 2013, he stated he was tolerating treatment. He had one session with a chiropractor. He continued etodolac. He attended chiropractic visits. He saw [REDACTED] on November 18, 2013 and still had low back pain radiating to his leg with numbness and tingling. He remained on pain medications. He was given a vascutherm unit. He was seen again on January 20, 2014. He still had on and off low back pain that was moderate to occasionally severe. He had persistent insomnia. Diagnoses were sprain and strain with radiculopathy and myospasms. Chiropractic was recommended and he was given gabapentin. On March 4, 2014, he reported that he aggravated his low back and injured his right ankle when he fell. He was to continue Norco, Soma, Mobic, Restoril, and decrease his methadone. Bilateral transforaminal injections were recommended. On March 3, 2014, he saw the chiropractor again. Acupuncture was recommended on February 21, 2014. On April 1, 2014, he still had pain and received trigger point injections. Pain medications were helping him. Lumbosacral radiculopathy was documented on an electrodiagnostic study on February 13, 2014. On June 20, 2014, there is a review of topical medications. Some of the notes in this file or for a different patient and will be disregarded.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription transdermal medication (gabapentin 10%, lidocaine 5%, tramadol 15%):
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics/Compounded Medications. Decision based on Non-MTUS Citation United States Food and Drug Administration, compounded topical medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): p. 143.

Decision rationale: The history and documentation do not objectively support the request for Gabapentin 10%, Lidocaine 5%, Tramadol 15%. The Chronic Pain Medical Treatment Guidelines state "topical agents may be recommended as an option [but 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. " There is no evidence of failure of all other first line drugs such as acetaminophen, NSAIDs (non-steroidal anti-inflammatory drugs), antineuropathic agents, or antidepressants. Topical gabapentin and tramadol are not recommended and topical lidocaine is only recommended in the form of Lidoderm patch. The request for prescription transdermal medication (Gabapentin 10%, Lidocaine 5%, Tramadol 15%) is not medically necessary or appropriate.