

Case Number:	CM14-0075649		
Date Assigned:	07/16/2014	Date of Injury:	07/14/2006
Decision Date:	09/16/2014	UR Denial Date:	05/03/2014
Priority:	Standard	Application Received:	05/23/2014

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 Internal 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:

Patient is an injured worker with chronic shoulder, wrist, low back, and neck pain conditions. Date of injury was 07-14-2006. Thus far, the patient has been treated with topical compounds, oral suspensions, and physical therapy. In a progress note dated 11/20/13, the patient presented with 9/10 wrist, neck, shoulder, and low back pain. Diminished motor strength and decreased range of motion is noted on multiple body parts secondary to pain. Diagnoses were cervical spine pain, cervical radiculopathy, bilateral shoulder impingement syndrome, bilateral wrist carpal tunnel syndrome, lumbago, lumbar radiculopathy. Treatment plan included Lidocaine / Gabapentin / Tramadol topical compounded product. Utilization review determination date was 05-03-2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine/Gabapentin/Tramadol (duration and frequency unknown): Upheld

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

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

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address topical analgesics. Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. Gabapentin is not recommended. There is no peer-reviewed literature to support use. There is no evidence for use of any other antiepilepsy drug as a topical product. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. MTUS guidelines do not support the use of topical product containing Gabapentin. Therefore the request for Lidocaine / Gabapentin / Tramadol topical compounded product is not supported by MTUS guidelines. Therefore, the request for Lidocaine/Gabapentin/Tramadol (duration and frequency unknown) is not medically necessary.