

Case Number:	CM14-0087933		
Date Assigned:	07/23/2014	Date of Injury:	10/14/2003
Decision Date:	09/30/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/11/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 71-year-old female who was reportedly injured on October 14, 2003. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated March 20, 2014, indicates that there are ongoing complaints of left ankle pain along with swelling and cramping. The physical examination demonstrated tenderness at the left ankle and decreased ankle range of motion. Previous treatment includes left ankle surgery and a home exercise program. A request was made for Gabapentin, Lidocaine, Aloe, Capsaicin, Menthol, Camphor (patch) and was non-certified in the pre-authorization process on May 22, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin/Lidocaine/Aloe/Capsaicin/Menthol/Camphor (Patch)
10%2%.5%.025%10%5% Gel QTY: 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Lidocaine Page(s): 111-112.

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

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines the only topical analgesic medications indicated for usage include anti-inflammatories, Lidocaine,

and Capsaicin. There is no known efficacy of any other topical agents. Considering this, the request for Gabapentin/Lidocaine/Aloe/Capsaicin/Menthol/Camphor (patch) is not medically necessary.