

Case Number:	CM14-0132928		
Date Assigned:	08/21/2014	Date of Injury:	11/17/2012
Decision Date:	01/16/2015	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	08/19/2014

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 and Pain Management, has a subspecialty in Interventional Spine 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 patient is a 55 year old female with an injury date of 11/17/12. Based on the 10/27/14 progress report provided by treating physician, the patient complains of chronic low back pain rated 7/10 that radiates to her right leg, and neck pain rated 5/10 that radiates to her bilateral upper extremities. Physical examination revealed paraspinal tenderness and normal reflexes. Patient's medications include Ibuprofen and Zanaflex. Diagnosis 10/27/14- lumbar sprain- cervical radiculopathy- cervical sprain. The utilization review determination being challenged is dated 07/17/14. Treatment reports were provided from 07/17/14 - 10/27/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 10%, Lidocaine 2% In W/ Aloe Vera 0.5%, Emu Oil 30%, Capsaicin (Natural) 0.025%, Menthol 10%, Camphor: 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 creams Page(s): 111.

Decision rationale: The patient presents with chronic low back pain rated 7/10 that radiates to her right leg, and neck pain rated 5/10 that radiates to her bilateral upper extremities. The request is for Gabapentin 10%, Lidocaine 2% In W/ Aloe Vera 0.5%, Emu Oil 30%, Capsaicin (Natural) 0.025%, Menthol 10%, Camphor. Patient's diagnosis on 10/27/14 included lumbar sprain, cervical radiculopathy and cervical sprain. The MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Recommended as an option as indicated below. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Gabapentin: Not recommended. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." Treater has not provided reason for the request, nor indicated what body part would be treated. MTUS page 111 states that if one of the compounded topical product is not recommended, then the entire product is not. In this case, the requested topical compound contains Gabapentin, and Lidocaine, which are not supported for topical use in lotion form per MTUS. The request is not medically necessary.

Ketamine 10%, Gabapentin 10%, Ketoprofen 10%, Lidocaine 5%, 180 grams: 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 creams Page(s): 111.

Decision rationale: The patient presents with chronic low back pain rated 7/10 that radiates to her right leg, and neck pain rated 5/10 that radiates to her bilateral upper extremities. The request is for Ketamine 10%, Gabapentin 10%, Ketoprofen 10%, Lidocaine 5%, 180 grams. Patient's diagnosis on 10/27/14 included lumbar sprain, cervical radiculopathy and cervical sprain. The MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Recommended as an option as indicated below. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Gabapentin: Not recommended. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." Treater has not provided reason for the request, nor indicated what body part would be treated. MTUS page 111 states that if one of the compounded topical product is not recommended, then the entire product is not. In this case, the requested topical compound contains Gabapentin, and Lidocaine, which are not supported for topical use in lotion form per MTUS. The request is not medically necessary.

