

Case Number:	CM14-0186543		
Date Assigned:	11/14/2014	Date of Injury:	09/01/2011
Decision Date:	01/05/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/10/2014

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 Emergency 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 injured worker is a 39 year-old male, who sustained an injury on September 1, 2011. The mechanism of injury occurred from opening a large warehouse door. Diagnostics have included: November 28, 2011 lumbar MRI reported as showing S1 annular fissure with left-sided nerve root abutment. Treatments have included: medications, physical therapy, acupuncture, shockwave therapy. The current diagnoses are: lumbar strain/sprain, lumbar disc disease, lower extremity radiculopathy. The stated purpose of the request for Gabapentin 10% Lidocaine 5% was not noted. The request for Gabapentin 10% Lidocaine 5% was denied on October 27, 2014, citing a lack of guideline-support for topical Gabapentin. Per the report dated October 9, 2014, the treating physician noted complaints of lumbar back pain with radiation to the left lower extremity. Exam findings included lumbar paraspinal tenderness with positive left-sided straight leg raising test.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 10% Lidocaine 5%: 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: California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, pages 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants". The injured worker has lumbar back pain with radiation to the left lower extremity. The treating physician has documented lumbar paraspinal tenderness with positive left-sided straight leg raising test. The treating physician has not documented trials of first-line therapy. The treating physician has not documented intolerance to similar medications taken on an oral basis. The criteria noted above not having been met, therefore, the request for Gabapentin 10% Lidocaine 5%: is not medically necessary.