MAXIMUS Federal Services

Case Number:	CM14-0187746		
Date Assigned:	11/18/2014	Date of Injury:	12/08/2006
Decision Date:	01/06/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/11/2014

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 internal medicine, and is licensed to practice in New York. 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 71 year old female with a date of injury of 12/08/2006. She missed a step and fell down the stairs. On 02/14/2014 a right shoulder MRI revealed a full thickness tear of the infraspinatus and the supraspinatus tendons. On 02/17/2014 a cervical MRI revealed mild right foraminal narrowing at C4-C5, C5-C6 and C6-C7. On 02/28/2014 the nerve conductive study/electromyogram (NCS/EMG) revealed bilateral carpal tunnel syndrome. On 03/13/2014 she had lumbar/thoracic/cervical sprain/strain, carpal tunnel syndrome and right shoulder impingement. She had tenderness of the neck, back and right shoulder. There were well healed scars of the previous left shoulder surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound: Gabapentin 10% /Lidocaine 5%: 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 Analgesics Page(s): 111-113.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines Topical Analgesics page 111 recommends this medication as an option as indicated below. Largely experimental in

use with few randomized controlled trials to determine efficacy or safety. Primarily is recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, Capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. [Note: Topical analgesics work locally underneath the skin where they are applied. These do not include transdermal analgesics that are systemic agents entering the body through a transdermal means. Page 113, Chronic Pain, Topical Analgesics "Gabapentin: Not recommended. There is no peer-reviewed literature to support use." Thus, the compound medication that contains Gabapentin is not recommended. Therefore, this medication is not medically necessary and appropriate.