

Case Number:	CM15-0138432		
Date Assigned:	07/29/2015	Date of Injury:	06/10/2008
Decision Date:	09/25/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/16/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 36 year old male who sustained an industrial injury on 06-10-2008 resulting in injury to the low back and right shoulder after slipping and falling off a truck. Treatment provided to date has included: physical therapy; injections; medications (including topical creams and oral medications); lumbar spine fusion surgery; and conservative therapies and care. Diagnostic tests performed include: x-rays, MRIs and left lower extremity electromyogram. The dates and results of these test were not discussed. There were no noted comorbidities or other dates of injury noted. On 06-25-2015, physician progress report noted complaints of low back pain with radiculopathy. This report was hand written and difficult to decipher. However, diagnoses included shoulder sprain, aftercare following surgery for injury and trauma, sciatica, and sleep disturbances. The injured worker's work status was noted to be temporarily totally disabled. A previous progress report, dated 05-12-2015, reported complaints of low back pain that is increased with pushing pulling, lifting, sitting and standing. There was no pain rating, and no description of the pain mentioned on this report or report dated 06-25-2015. The injured worker was reportedly not taking any medications at that time. The physical exam revealed a well healed surgical scar in the lumbosacral region, normal facet joint exam, painful flexion and extension of the lumbar spine, some noted tenderness in the lumbar paraspinal muscles bilaterally, positive straight leg raises bilaterally, normal sensation and reflexes in the bilateral lower extremities, and normal range of motion in both knees. The provider noted diagnoses of sleep disorder, low back pain with sciatica and numbness in the lower extremities, and status post spinal fusion. Plan of care included recommendation for

chronic pain management, recommended urine toxicology for baseline of medications, physical therapy recommendation, recommended caudal block, new prescriptions for cyclobenzaprine, Lunesta, Vicodin, and a transdermal cream, recommended CT scan to rule out anatomical abnormality, and follow-up in six weeks for re-evaluation. The request for authorization and IMR (independent medical review) includes: 10% Gabapentin and 2% Lido gel TGP #10 quantity: 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin/Lido TGP #10 10%/2% gel quantity: 60: 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.

Decision rationale: Based on the 5/12/15 progress report provided by the treating physician, this patient presents with low back pain increased by pushing, pulling, lifting, standing. The treater has asked for Gabapentin/Lido TGP #10 10%/2% gel quantity 60 but the requesting progress report is not included in the provided documentation. The patient's diagnosis per Request for Authorization form dated 6/27/15 is generalized pain. The patient is s/p lumbar spinal fusion of unspecified level on 6/3/11. The patient is using a cold therapy unit and interferential unit for neuropathic pain, as well as a topical cream per 3/19/15 report. The patient is not currently using medication per 5/12/15 report. The patient's work status is not included in reports. MTUS, Topical Analgesics section, pg. 111: Recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily 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. See Duragesic (fentanyl transdermal system).] The treater does not discuss this medication. Review of the medical records provided indicate that the patient was prescribed this compound topical medication at least since 3/19/15, although 2/17/15 report describes a new medication that is unspecified. However, the treater has not the efficacy of this topical medication in terms of pain reduction and functional improvement. MTUS page 60 require that

medication efficacy in terms of pain reduction and functional gains must be discussed when using for chronic pain. This topical contains Gabpentin which is not supported for topical use by the guidelines. MTUS p111 states that if one of the ingredients is not indicated, then the entire compound is not indicated. The request IS NOT medically necessary.