

Case Number:	CM15-0165797		
Date Assigned:	09/03/2015	Date of Injury:	05/04/2015
Decision Date:	10/07/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	08/24/2015

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 57-year-old male, who sustained an industrial injury on 5-4-15. He reported pain in his lower back while lifting a heavy box. The injured worker was diagnosed as having lumbago and lumbosacral strain. Treatment to date has included a lumbar MRI and physical therapy. On 6-12-15, the injured worker rated his pain a 6 out of 10. The treating physician noted lumbar flexion was 90 degrees, extension was 30 degrees and rotation was 30 degrees bilaterally. As of the PR2 dated 7-28-15, the injured worker reports constant low back pain. He rates his pain a 6-8 out of 10. Objective findings include guarded and restricted lumbar range of motion, pain and tenderness in the lumbar spine extending to the left lower extremity with numbness and a positive seated nerve root test. The treating physician requested Lidocaine-Gabapentin 5%-10% gel #1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine/Gabapentin 5% 10% gel #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Based on the 7/28/15 progress report provided by the treating physician, this patient presents with low back pain radiating to the left lower extremity with numbness, pain rated 6-8/10 on VAS scale. The treater has asked for LIDOCAINE/GABAPENTIN 5% 10% GEL #1 but the requesting progress report is not included in the provided documentation. The request for authorization was not included in provided reports. The patient states his low back pain is constant and unchanged per 7/28/15 report. The patient reports difficulty-sleeping secondary to pain per 7/28/15 report. The patient's current medications include diclofenac per 5/26/15 report. The patient is currently undergoing physical therapy but number of sessions and efficacy were not specified in 5/26/15 report. The patient's work status is currently employed as of 5/11/15 report. MTUS has the following regarding topical creams, Chronic Pain Section, p 111: "TopicalAnalgesics: Non-steroidal antiinflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. The FDA for neuropathic pain has designated topical lidocaine, in the formulation of a dermal patch (Lidoderm) for orphan status. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approvedtopical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Gabapentin: Not recommended. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." Treater does not specifically discuss this medication. It is not known when this medication was initiated, nor whether this is the initial trial. However treater does mention that an unspecified "muscle rub extra strength OTC" was dispensed on 5/26/15 report. MTUS page 111 states that if one of the compounded topical products is not recommended, then the entire product is not. In this case, the requested topical compound contains Gabapentin, which is not supported for topical use. Therefore, the request IS NOT medically necessary.