

Case Number:	CM15-0185682		
Date Assigned:	09/25/2015	Date of Injury:	09/14/1998
Decision Date:	11/02/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	09/21/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 65 year old male who sustained an industrial injury on 09-14-1998. The injured worker was diagnosed with lumbago, lumbar arthrodesis and right ankle Achilles tendon sprain. The injured worker has a medical history of diabetes mellitus, hypertension, myocardial infarction and renal failure on dialysis. The injured worker is status post anterior-posterior L5-S1 fusion with placement and removal of hardware (3 interventions), left shoulder surgery, and right ankle surgery times 2, implant and explant of lumbar pain device. According to the treating physician's progress report on 04-15-2015 the injured worker was evaluated for the lower back. Examination of the lumbar spine demonstrated paravertebral muscle tenderness with spasm and positive seated nerve root test. Range of motion with standing flexion and extension were restricted and guarded. There was numbness and tingling in the lateral thigh, anterolateral leg, posterior leg and foot correlating with L5 and S1 dermatomal pattern. Motor strength was 3-4 out of 5 in the extensor hallucis longus muscle and ankle plantar flexors, L5-S1 and S1 innervated muscles with ankle reflexes noted as asymmetrical. Circulation, coordination and balance were intact without evidence of instability. Prior treatments included diagnostic testing, multiple surgeries, physical therapy, lumbar epidural steroid injections, laboratory blood work, rheumatology consultation and medications. Current medications were listed as Cyclo-benzaprine, Tramadol ER, Ondansetron, Nabumetone, Prevacid and Lunesta. Treatment plan consists of referral for acupuncture therapy, follow-up as needed, on permanent partial disability (PPD) and the current request for compound topical: Lidocaine 5%-Gabapentin 10%

Gel cream Qty: 60. On 09/17/2015 the Utilization Review determined the request for compound topical: Lidocaine 5%-Gabapentin 10% Gel cream Qty: 60 was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound: Lidocaine 5%/Gabapentin 10% Gel cream Qty: 60: 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: The claimant has a remote history of a work injury occurring in September 1998 with a twisting injury to the right ankle. He had low back pain and underwent an L5/S1 anterior/posterior fusion. When seen by the requesting provider, he was having constant back pain with right lower extremity radiating symptoms. Pain was unchanged and rated at 8/10. He had weakness and a foot drop. He was having difficulty sleeping. Physical examination findings included lumbar paravertebral muscle tenderness with spasms and guarded and restricted lumbar spine range of motion. Straight leg raising was positive and there was decreased right lower extremity strength and sensation. His body mass index is 31. Oral Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Its use as a topical product is not recommended. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it would be difficult or impossible to determine whether any derived benefit was due to a particular component. In this case, there are other single component topical treatments with generic availability that could be considered. This medication is not medically necessary.