

Case Number:	CM15-0186757		
Date Assigned:	09/28/2015	Date of Injury:	08/07/2014
Decision Date:	11/03/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/22/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 32-year-old male, who sustained an industrial injury on 8-7-2014. The injured worker is undergoing treatment for: cervical spine sprain and strain, right shoulder sprain and strain. On 4-6-15, he was seen in the emergency room for right shoulder pain. Physical findings revealed the right shoulder to have no swelling, redness or bruising and non-tender to palpation, and a full range of motion. He was given Toradol and Decadron injection. On 6-18-15 and 8-27-15, he reported neck and right shoulder pain with radiation into the right arm down to the hand, and associated with numbness and tingling. The pain is not rated. Physical findings revealed a limited right shoulder range of motion. There is no discussion of pain reduction, efficacy of the transdermal cream, or the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. The treatment and diagnostic testing to date has included: electrodiagnostic studies (3-20-15), medications, magnetic resonance imaging of the cervical spine (3-3-15), emergency room treatment (4-6-15), and completed an unclear amount of physical therapy. Medications have included: Naproxen, Tramadol, Trazodone, and transdermal cream. The records indicate he has been utilizing transdermal creams since at least March 2015, and the transdermal cream is not described. Current work status: modified. The request for authorization is for: Gabapentin-Lidocaine, TGP quantity 10, 10 percent-2 percent gel quantity 120. The UR dated 8-21-2015: non-certified the request for Gabapentin-Lidocaine, TGP quantity 10, 10 percent-2 percent gel quantity 120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapen/Lido.TGP #10 10%/2% gel #120: 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: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical anti epileptics such as Gabapentin are not recommended due to lack of evidence. The claimant was on topical analgesics along with oral medications without mention of reduction in oral medications. Since the compound above contains these topical medications, the Gabapen/Lido.TGP #10 10%/2% gel in question is not medically necessary.